



Well-Balanced Health Plans for Individuals and Families in Oregon



What's Inside

We've included detailed information about our Elect plans in this brochure. However, health insurance by nature is intricate.

If you have specific questions about our plans, please contact one of our Individual Service Representatives at 866.695.8684 or by email at individual@pacificsource.com.

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Why **We're the Right Fit**

At PacificSource, we're committed to helping people get the healthcare they need.

Who We Are

PacificSource is an independent, not-for-profit health plan serving the Pacific Northwest. Founded in 1933, PacificSource provides medical and dental benefits to more than 290,000 people with its group and individual health insurance plans.

To better serve our customers and accommodate enrollment increases, PacificSource has regional offices in Bend, Medford, Portland, and Springfield, Oregon; Tacoma, Washington; Boise, Idaho; and Helena, Montana.



Our members appreciate our personal service and commitment to quality healthcare. That's what our customers tell us through our ongoing customer surveys.

As a PacificSource member, you'll enjoy:

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

Our Customer Service

We're known for taking good care of people. Members can call our toll-free number to speak with a customer service representative for friendly, professional benefits and claims assistance. In everything we do, we will always maintain the friendly, personal manner that lets you know serving you is our pleasure.

Our Community Service

At PacificSource, we strive to improve the communities we serve, with a particular emphasis on increasing access to healthcare services. Healthy Communities, our community giving program, provides financial support, in-kind donations, and employee volunteer assistance to nonprofit organizations that strive to increase healthy behaviors and lifestyle choices and to provide a safe and nurturing environment for children to develop into healthy adults.

Every year, our employees also take part as active donors and volunteers in the American Cancer Society's Relay for Life, local United Way campaigns, the March of Dimes March for Babies campaign. You will also find our employees involved with local literacy, food bank, and youth education programs.

Choose the Perfect Plan for You

PacificSource offers an array of health plans to meet the needs of Oregon individuals and families.

Benefits

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

Coverage levels differ from plan to plan, and some plans also cover alternative practitioner services. All plans have an overall annual maximum benefit of \$2 million.

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

Eligibility

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

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.

Premiums

A premium schedule for our Elect plans is available on our website, PacificSource.com, or by contacting our Individual Sales Department at (866) 695-8684. 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 the following month. If you add or subtract family members from your coverage, the premium will be adjusted as requested by PacificSource.

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

Apply online

Compare plans, view rates, and apply online! Visit our website at PacificSource.com and find the health plan that best fits your budget and needs in one easy location.

Elect Plans **At-a-Glance**

	Elect Premiere	Elect Preferred	Elect Value Option	Elect HSA Qualified
Individual Annual Deductible/Out-of-Pocket (OOP) Limit (Limit includes the deductible)	Deductible/OOP Limit \$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 ✓ \$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
Accident Benefit (accident-related covered expenses)	The first \$5,000 of covered expense within 90 days of an accident is paid at 100% and is not subject to the deductible. The balance is covered as shown below.	The first \$2,500 of covered expense within 90 days of an accident is paid at 100% and is not subject to the deductible. The balance is covered as shown below.	The first \$1,000 of covered expense within 90 days of an accident is paid at 100% and is not subject to the deductible. The balance is covered as shown below.	
	Preferred Provider Benefit			
Preventive Care				
Well Baby Care	100%●	100%●	100%●	100%●
Routine Physicals and Preventive Care Exams	100%●■	100%●■	100%●■	100%●■
Routine Gynecological Exams	100%●	100%●	100%●	100%●
Immunizations	100%●	100%●	100%●	100%●
Professional Services				
Office and Home Visits	100% after \$25 copay●	100% after \$30 copay●	60%	50%▲
Chiropractic Manipulation	100% after \$25 copay● (\$1,500 combined max)	100% after \$30 copay● (\$1,000 combined max)	Not covered	50%▲ (\$1,000 combined max)
Acupuncture				
Naturopathic Care	100% after \$25 copay●	100% after \$30 copay●		
Urgent Care Visits	100% after \$25 copay●	100% after \$30 copay●	60%	50%▲
Maternity Care	80%	70%	60%	50%▲
Hospital Services	80%	70%	60%	50%▲
Outpatient Services	80%	70%	60%	50%▲
Emergency Room Visits	80% after \$100 copay (copay waived if admitted to hospital)	70% after \$100 copay (copay waived if admitted to hospital)	60%	50%▲
Other Covered Services				
Prescription Drugs	Incentive drugs: \$4 copay● Generic drugs: \$10 copay● Preferred brand name drugs: 50%●	Incentive drugs: \$4 copay● Generic and preferred brand name drugs: 50%●	50%	50%▲
Outpatient Rehabilitative Services	80%	70%	60%	50%▲
Allergy Injections	80%	70%	60%	50%▲
Ambulance Service	80%	70%	60%	50%▲
Inpatient Mental Health	80%	70%	60%	50%▲
Vision (per 2 calendar years)	Routine eye exam: 100% after \$25 copay●; \$200 for frames, lenses and contact lenses●	Not covered		

● Not subject to the annual deductible.

■ Scheduled benefit.

▲ Covered at 100% under the Elect HSA 5,000 plan (after deductible).

✓ FHIAP eligible.

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 9, 11, 13, and 15.

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

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
Negotiated provider discount	\$20	- 0 -
Fee allowance	\$100	\$100
Benefit percent (from Benefit Comparison)	70%	50%
PacificSource's payment	\$70	\$50
Your amount of allowable fee	\$30	\$50
Charges above fee allowance	- 0 -	\$20
Your total payment	\$30	\$70

PacificSource Provider Network

PacificSource has a participating provider network throughout Oregon, southwest Washington, Montana, and Idaho. Our network includes more than 31,000 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 above 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 website: PacificSource.com.

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!

Value-Added Services

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

Online Tools available at PacificSource.com

InTouch for Members

Through our secure website, InTouch for Members, you can view your claims, the status of preauthorizations, the accumulated expenses towards 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.

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.

24/7 access to online services and health information through InTouch for Members at PacificSource.com.

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 calendar year).

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.



These value-added services are not insurance, but are offered in addition to your medical plan to help you take charge of your health.

Elect **Premiere**

expansive coverage

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



Features you want.

- First-dollar illness, vision, accident, and prescription drug coverage
- \$25 copayments for urgent care, physician, and naturopathic office visits
- Combined \$1,500 maximum acupuncture and chiropractic care benefit
- Annual deductibles from \$1,000 to \$10,000

Elect Premiere

Annual Maximum Benefit	\$2 million	
Participating Provider Annual Deductible and Out-of-Pocket Limit <i>Copayments and deductible apply to out-of-pocket limit, except for prescription drug expenses</i>	<i>Deductible (individual/family)</i> \$1,000/\$3,000 \$2,500/\$7,500 \$5,000/\$15,000 \$7,500/\$22,500 \$10,000/\$30,000	<i>Maximum OOP (per person)</i> \$5,000 \$5,000 \$10,000 \$15,000 \$20,000
Out-of-Pocket Limit, Nonparticipating Provider (Minus the amount of the plan's deductible)	\$10,000 per person (\$1,000 - \$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 \$5,000 of covered expense within 90 days of an accident is paid at 100% and is not subject to the deductible. The balance is covered as shown below.	
	Participating Providers	Nonparticipating Providers ❖
Preventive Care		
Well Baby Care	100%●	60%●
Routine Physicals and Preventive Care Exams	100%●■	60%●■
Routine Gynecological Exams	100%●	60%●
Immunizations	100%●	60%●
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		
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 and 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%
Advanced Imaging	80%	60%
Emergency Room Visits	80% after \$100 copay (copay waived if admitted to the hospital)	60% after \$100 copay (copay waived if admitted to the hospital)*
Other Covered Services		
Prescription Drugs	Incentive drugs: \$4 copay● Generic drugs: \$10 copay ● Preferred brand name drugs: 50%●	Not covered
Outpatient Rehabilitative Services	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%
Vision (per 2 calendar years)	Exam: 100% after \$25 copay● Hardware: \$200●	Exam: 60% after \$25 copay● Hardware: \$200●
Transplant Services	80%	Lesser of 50% of billed amount or \$100,000

● Not subject to the annual deductible.

■ Scheduled benefit.

* Nonparticipating providers are paid at participating percentages in true medical emergencies.

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

Elect **Preferred** comprehensive coverage

This plan offers robust coverage with reasonable first-dollar benefits and low out-of-pocket cost.



Coverage you want with low out-of-pocket cost.

- First-dollar illness, accident, and prescription drug coverage
- \$30 copayments for urgent care, physician, and naturopathic office visits
- Combined \$1,000 maximum acupuncture and chiropractic care benefit
- Annual deductibles from \$500 to \$10,000

Elect Preferred

Annual Maximum Benefit	\$2 million	
Participating Provider Annual Deductible and Out-of-Pocket Limit <i>Copayments and deductible apply to out-of-pocket limit, except for prescription drug expenses</i>	<i>Deductible (individual/family)</i> \$500/\$1,500 ✓ \$1,000/\$3,000 \$2,500/\$7,500 \$5,000/\$15,000 \$7,500/\$22,500 \$10,000/\$30,000	<i>Maximum OOP (per person)</i> \$5,000 \$5,000 \$5,000 \$10,000 \$15,000 \$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 \$2,500 of covered expense within 90 days of an accident is paid at 100% and is not subject to the deductible. The balance is covered as shown below.	
	Participating Providers	Nonparticipating Providers ❖
Preventive Care		
Well Baby Care	100% ●	50% ●
Routine Physicals and Preventive Care Exams	100% ● ■	50% ● ■
Routine Gynecological Exams	100% ●	50% ●
Immunizations	100% ●	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		
Naturopathic Care	100% after \$30 copay ●	50% after \$30 copay ●
Urgent Care Center Visits	100% after \$30 copay ●	50% after \$30 copay ●
Maternity Care		
Practitioner Services and 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%
Advanced Imaging	70%	50%
Emergency Room Visits	70% after \$100 copay (copay waived if admitted to the hospital)	50% after \$100 copay (copay waived if admitted to the hospital)*
Other Covered Services		
Prescription Drugs	Incentive drugs: \$4 copay ● Generic and preferred brand name drugs: 50% ●	Not covered
Outpatient Rehabilitative Services	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. * Nonparticipating providers are paid at participating percentages in true medical emergencies.

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

✓ FHIAP eligible.

Elect Value Option

low-cost coverage

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



You have options.

Why go without health insurance? With four deductibles to choose from, our Elect Value Option plans give you peace of mind with basic health insurance. It's all about options.

- Annual deductibles of \$2,500, \$5,000, \$7,500, or \$10,000
- Most in-network services covered at 60% after the deductible

Elect Value Option		
Annual Maximum Benefit	\$2 million	
Participating Provider Annual Deductible and Out-of-Pocket Limit <i>Copayments and deductible apply to out-of-pocket limit, except for prescription drug expenses</i>	<i>Deductible (individual/family)</i> \$2,500/\$7,500 \$5,000/\$15,000 \$7,500/\$22,500 \$10,000/\$30,000	<i>Maximum (per person)</i> \$7,500 \$10,000 \$12,500 \$15,000
Out-of-Pocket Limit, Nonparticipating Provider (minus the amount of the plan's deductible)	\$10,000 per person (\$2,500 and 5,000 deductible) \$20,000 per person (\$7,500 and \$10,000 deductible)	
Accident Benefit (accident-related covered expenses)	The first \$1,000 of covered expense within 90 days of an accident is paid at 100% and is not subject to the deductible. The balance is covered as shown below.	
	Participating Providers	Nonparticipating Providers ❖
Preventive Care		
Well Baby Care	100%●	50%
Routine Physicals and Preventive Care Exams	100%●■	50%■
Routine Gynecological Exams	100%●	50%
Immunizations	100%●	50%
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 and 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 and Therapeutic Radiology and Lab	60%	50%
Advanced Imaging	60%	50%
Emergency Room Visits	60%	50%*
Other Covered Services		
Prescription Drugs	50%	Not covered
Outpatient Rehabilitative Services	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.

■ Scheduled benefit.

* Nonparticipating providers are paid at participating percentages in true medical emergencies.

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

Elect HSA

HSA-qualified high deductible health plan

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



Elect HSA Qualified Features

- Annual deductibles from \$1,500 to \$5,000
- First-dollar accident benefit
- Includes prescription drug coverage
- Combined \$1,000 maximum chiropractic, acupuncture, and naturopathic care benefits

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 HSA, to offer a more affordable approach to healthcare.

Elect HSA (HSA-Qualified)				
Annual Maximum Benefit	\$2 million			
Participating Provider Annual Deductible and Out-of-Pocket Limit <i>Copayments and deductible apply to out-of-pocket limit.</i>	<i>Deductible (individual/family)</i>		<i>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 of covered expense within 90 days of an accident is paid at 100% and is not subject to the deductible. The balance is covered as shown below.			
<i>Deductible Option:</i>	\$1,500, \$2,000 or \$3,000		\$5,000	
<i>Provider Type:</i>	Participating	Nonpar❖	Participating	Nonpar❖
Preventive Care				
Well Baby Care	100%●	40%●	100%●	50%
Routine Physicals and Preventive Care Exams	100%●■	40%●■	100%●■	50%■
Routine Gynecological Exams	100%●	40%●	100%●	50%
Immunizations	100%●	40%●	100%●	50%
Professional Services				
Office and Home Visits	50%	40%	100%	50%
Surgery	50%	40%	100%	50%
Chiropractic Manipulation	50%	40%	100%	50%
Acupuncture				
Naturopathic Care				
Urgent Care Center Visits	50%	40%	100%	50%
Maternity Care				
Practitioner Services and Hospital Stay	50%	40%	100%	50%
Hospital Services				
Inpatient Room and Board	50%	40%	100%	50%
Inpatient Rehabilitative Care	50%	40%	100%	50%
Skilled Nursing Facility Care	50%	40%	100%	50%
Outpatient Services				
Outpatient Hospital/Facility	50%	40%	100%	50%
Diagnostic & Therapeutic Radiology and Lab	50%	40%	100%	50%
Advanced Imaging	50%	40%	100%	50%
Emergency Room Visits	50%	40%*	100%	50%*
Other Covered Services				
Prescription Drugs	50%	Not covered	100%	Not covered
Outpatient Rehabilitative Services	50%	40%	100%	50%
Allergy Injections	50%	40%	100%	50%
Ambulance Service	50%	40%	100%	50%
Durable Medical Equipment/Prosthetics	50%	40%	100%	50%
Home Health, Hospice, and Respite Care	50%	40%	100%	50%
Inpatient Mental Health Services	50%	40%	100%	50%
Transplant Services	50%	Lesser of 50% of billed amount or \$100,000	100%	Lesser of 50% of billed amount or \$100,000

● Not subject to the annual deductible.

* Nonparticipating providers are paid at participating percentages in true medical emergencies.

■ Scheduled benefit.

❖ Payment to providers is based on the negotiated fee allowance. While participating providers accept the fee allowance as payment in full, nonparticipating (nonpar) 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 of our regular network area of Oregon, southwest Washington, and Idaho?

The PacificSource Network, Idaho Physicians Network, InterWest Health Network, and First Health® Network

When you are traveling outside of our network area, you have access to medical professionals and services through the PacificSource Network (PSN), Idaho Physicians Network (IPN), InterWest Health Network, and the First Health Network.

You will receive your plan's participating provider benefits when using these networks when you are outside of our service area.

Need emergency medical services when traveling 100 miles from home or outside the United States?

Assist America®

This global medical emergency assistance company 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 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.



Frequently Asked Questions

The following questions highlight important issues that frequently affect consumers.

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 voided savings withdrawal slip (for savings account transfers). Please note: you must make the first premium 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. The pre-existing condition exclusion period only applies to members who are age 19 or older. 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 transplants.

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.

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 mental illness treatment 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 for applicants who are age 19 or older.

Are oral contraceptives covered?

Yes. Oral contraceptives are covered on all Elect plans.

Does this policy contain benefits or limitations for pre-existing conditions?

Elect policies cover pre-existing conditions upon enrollment for members age 18 and younger, and upon the completion of a six-month exclusion period for members age 19 or older. If you transfer directly from another policy, you can receive credit for your time under the previous policy (see the question about replacement of current policy above).

How to **Apply**

If you have any questions throughout the process, please feel free to contact our Individual Sales staff toll-free at 866.695.8684, or by email at individual@pacificsource.com.

Need help finding 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 toll-free at (866) 695-8684, or by email at individual@pacificsource.com.

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

Choose a plan and deductible.

Complete the entire application:

- **Applicant information:** Enter complete name, date of birth, height, and weight for all applicants. Enter email for the primary applicant. If the application is for a minor only, use the minor's information as "applicant" (the name of the parent or guardian is required on the signature page).
- **Oregon Standard Health Statement:** Clearly mark all questions either "yes" or "no" for all applicants. Applications for PacificSource Elect policies for applicants age 19 or older are health underwritten, and coverage is offered or declined based on health status. PacificSource does not limit, exclude, or deny coverage under PacificSource Elect policies based on the health status or pre-existing conditions of a person under age 19.
- **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



***To apply, or for more information,
visit us online at PacificSource.com.***

If you decide to apply for Elect coverage...

Be sure to fill out all sections of the application completely and truthfully. Intentional misstatements may void the policy or result in denied claims. If your age is misstated, your benefits may be reduced.

Read your policy! If you purchase a 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 10 days.

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

This outline of coverage provides a very brief description of the important features of your 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.

Elect plan rates and benefits renew each year on January 1. Rates will remain in force for the entire calendar year until the enrollee moves into a new age bracket. Individuals who decline coverage under a PacificSource group health plan and 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 6 months, or subjected to a 6-month pre-existing condition 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.

Please refer to the summary of benefits on pages 9, 11, 13, and 15.

Use this glossary of insurance-related terms 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 pay out-of-pocket toward covered expenses prior to PacificSource paying for services. For example, on an Elect Preferred plan with a \$1,000 deductible, you are responsible for the first \$1,000 of covered expenses each calendar year before benefits that are "subject to the deductible" will be paid.

Dependent: Family member who is 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): An HSA is a tax-advantaged medical savings account to be used with a qualified high-deductible health plan, such as Elect HSA, to pay for noncovered healthcare expenses.

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

Glossary of terms

Medical emergency: An injury or sudden illness so severe that you would expect that failure to receive immediate medical attention would seriously risk 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 participating provider network. Services for these providers are paid at a lower level than those from a participating provider or not covered at all in some cases.

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 as 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 website, 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 and gynecological exams, well baby care and immunizations.

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 directly or indirectly 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.

If you have questions that are not addressed here, please talk with your insurance agent, or contact one of our representatives toll free at 866.695.8684 or email us at individual@pacificsource.com.

Benefit Exclusions

The following exclusions are an overview of treatments, situations, and conditions that are not covered under Elect plans. Only the language of the actual policy is binding.

Abdominoplasty for any indication.

Acupuncture (Elect Value Option).

Admission prior to coverage

– Services and supplies for an admission to a hospital, skilled nursing facility, or specialized facility that began before the patient's coverage under the policy.

Benefits not stated – Services and supplies not specifically described as benefits under the policy and/or any endorsement attached hereto.

Biofeedback.

Charges over the allowable fee – Any amount in excess of the allowable fee for a given service or supply.

Chemical dependency treatment.

Chelation therapy (including associated infusions of vitamins and/or minerals), except as preauthorized by PacificSource for the treatment of selected medical conditions and

medically significant heavy metal toxicities.

Chiropractic care (Elect Value Option).

Cosmetic/reconstructive services and supplies – Except as specifically provided for in the policy, services and supplies, including drugs, rendered primarily for cosmetic/reconstructive purposes and any complications as a result of non-covered cosmetic/reconstructive surgery. Cosmetic/reconstructive services and supplies are those performed primarily to improve the body's appearance and not primarily to restore impaired function of the body, regardless of whether the area to be treated is normal or abnormal.

Criminal conduct – Illness or injury in which a contributing cause was the member's commission of or attempt to commit a felony, including illness or injury in which a contributing cause was being engaged in an illegal occupation.

Custodial care – Care designed essentially to assist a person in maintaining activities of daily living, e.g. services to assist with walking, getting in/out of bed, bathing, dressing, feeding, preparation of meals, homemaker services, special diets, rest cures, and day care. Custodial care is only covered in conjunction with respite care allowed under the policy's hospice benefit.

Dental examinations and treatment – For the purpose of this exclusion, the term "dental examinations and treatment" means services or supplies provided to prevent, diagnose, or treat diseases of the teeth and supporting tissues or structures. This includes services, supplies, hospitalization, anesthesia,

dental braces or appliances, or dental care rendered to repair defects that have developed because of tooth loss, or to restore the ability to chew, or dental treatment necessitated by disease.

Drugs or medications, except for those administered while an inpatient in the hospital, and except for those that must be ordered by a physician or other licensed provider prescribing within the scope of his or her license for services covered by the policy and dispensed by a licensed pharmacist.

Equipment commonly used for nonmedical purposes, marketed to the general public and available without a prescription, intended to alter the physical environment, or used primarily in athletic or recreational activities. Items such as the following are specifically excluded from coverage: adjustable power beds sold as furniture; air conditioners; air purifiers; blood pressure monitoring equipment; compression/cooling combination units; computer or electronic devices; computer software for monitoring (including coagulation monitoring), recording, or reporting asthmatic, diabetic, or similar clinical tests or data; conveyances (including scooters) other than conventional wheelchairs; cooling pads; equipment purchased on the Internet; exercise equipment for stretching, conditioning, strengthening, or relief of musculoskeletal symptoms; heating pads; humidifiers, except as part of CPAP apparatus; light boxes; mattress or mattress pads, except for healing of pressure sores; orthopedic shoes; pillows; replacement costs for worn or damaged durable medical equipment that would otherwise be replaceable without charge under warranty or other agreement; spas; saunas; shoe modifications,

except when incorporated into a brace or prosthesis; structural alterations in order to prevent, treat, or accommodate a medical condition (including but not limited to grab bars and railings); vehicle alterations in order to prevent, treat, or accommodate a medical condition; whirlpool baths.

Experimental or investigational procedures – Services that are experimental or investigational. An experimental or investigational service is not made eligible for benefits by the fact that other treatment is considered by the member's healthcare provider to be ineffective or not as effective as the service or that the service is prescribed as the most likely to prolong life.

Eye exams, glasses or refraction (*Elect Preferred, Elect Value Option and Elect HSA policies only*) – Routine eye examinations; the fitting, provision, or replacement of eye glasses, lenses, frames, contact lenses, or subnormal vision aids; and eye exercises, orthoptics, vision therapy, or eye refraction procedures or radial keratotomy intended to correct refractive error.

Eye exam, glasses or refraction (*Elect Premiere policies only*) – The following items are not covered under this plan's vision benefit: medical and surgical treatment of the eye; special procedures such as orthoptics or vision training; special supplies such as sunglasses (plain or prescription) and subnormal vision aids; tint; plano contact lenses; anti-reflective coatings and scratch resistant coatings; separate charges for contact lens fitting; replacement of lost, stolen, or broken lenses or frames; duplication of spare eyeglasses or any lenses or frames; visual analysis that does not

include refraction; eye exams required as a condition of employment, or required by a labor agreement or government body; charges for services or supplies covered in whole or in part under any other medical or vision benefits.

Family planning – Services and supplies for family planning, artificial insemination, in vitro fertilization, diagnosis and treatment of infertility, erectile dysfunction, frigidity, or surgery to reverse voluntary sterilization.

Foot care (routine) – Services and supplies for corns and calluses of the feet, conditions of the toenails other than infection, hypertrophy or hyperplasia of the skin of the feet, and other routine foot care, except when the patient is being treated for mellitus diabetes.

Genetic (DNA) testing – DNA and other genetic tests, except for those tests identified by PacificSource as medically necessary for the diagnosis and standard treatment of specific diseases.

Growth hormone injections or treatments, except to treat documented growth hormone deficiencies.

Immunizations recommended for or in anticipation of exposure through travel or work.

Infertility – Services and supplies, diagnostic laboratory 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), except that medically necessary medication to preserve fertility during treatment with cytotoxic

chemotherapy is covered. For purposes of the policy, infertility is defined for males as low sperm counts or the inability to fertilize an egg, and defined for females as the inability to conceive or carry a pregnancy to 12 weeks.

Jaw surgery – Procedures, services, and supplies for developmental or degenerative abnormalities of the jaw, malocclusion, or improving placement of dentures, including dental implants.

Massage, or massage therapy.

Mental health – Outpatient mental health treatment and drugs used primarily in the treatment of mental health are not covered. And except for the initial diagnostic exam by an eligible mental health provider, PacificSource will not pay benefits for services and supplies from a mental health or other healthcare provider for the following diagnoses and/or diagnostic categories as listed in the fourth edition of The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV): learning disorders, motor skills disorders, communication disorders, disruptive behavior disorders, factitious disorders, sexual and gender identity disorders, impulse control disorders, paraphilias except for pedophilia, relational problems, caffeine-related disorders, nicotine-related disorders, and the category of "additional conditions that may be a focus of clinical attention." This exclusion applies to learning disorders, sensory integration disorders, and conduct disorders whether or not associated with either attention deficit/hyperactivity disorder or adjustment reactions.

Benefit Exclusions (continued)

The following treatment types are also excluded, regardless of diagnosis:

sensory integration training, biofeedback, 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/or chemical dependency education classes; court-mandated psychological evaluations for child custody determinations; voluntary mutual support groups such as Alcoholics Anonymous; adolescent wilderness treatment programs; mental examinations for the purpose of adjudication of legal rights; psychological testing and evaluations not provided as an adjunct to treatment or diagnosis of a mental disorder; treatments or services for career counseling, personal growth, relaxation, stress management, parenting skills, or family education; assertiveness training; image therapy; sensory movement group therapy; marathon group therapy; sensitivity training; and psychological evaluation for sexual dysfunction or inadequacy.

Motion analysis including video taping and 3-D kinematics, dynamic surface and fine wire electromyography, including physician review.

Myeloablative high dose chemotherapy except when the related transplant is specifically covered under the transplantation provisions of the policy.

Naturopathic/homeopathic services or supplies (*Elect Value Option*).

Obesity or weight control – Surgery or other related services or

supplies provided for weight control or obesity (including all categories of obesity), whether or not there are other medical conditions related to or caused by obesity. The exclusion also includes services or supplies used for weight loss, such as food supplementation programs and behavior modification programs, regardless of the medical conditions that may be caused or exacerbated by excess weight, and self-help or training programs for weight control.

Orthognathic surgery – Services and supplies to augment or reduce the upper or lower jaw, except as specifically provided for in the policy.

Osteopathic manipulation, except for treatment of disorders of the musculoskeletal system.

Panniculectomy for any indication.

Physical examinations – Routine physical or eye examinations required for administrative purposes such as participation in athletics, admission to school, or by an employer.

Providers (ineligible) – An individual, organization, facility or program is not eligible for reimbursement for services or supplies, regardless of whether this policy includes benefits for such services or supplies, unless the individual, organization, facility, or program is licensed by the state in which services are provided as an independent practitioner, hospital, ambulatory surgical center, skilled nursing facility, durable medical equipment supplier, or mental and/or chemical healthcare facility. And, to the extent PacificSource maintains credentialing requirements the practitioner or facility must satisfy those requirements.

Rehabilitation – Functional capacity evaluations, work hardening programs, vocational rehabilitation, community reintegration services, and driving evaluations and training programs.

Routine services and supplies

– Services, supplies, and equipment not involved in diagnosis or treatment but provided primarily for the comfort, convenience, cosmetic purpose, environmental control, or education of a patient or for the processing of records or claims. These include but are not limited to: charges for telephone consultations, missed appointments, completion of claim forms, or reports requested by PacificSource in order to process claims; appliances, such as air conditioners, humidifiers, air filters, whirlpools, hot tubs, heat lamps, or tanning lights; private nursing service, or personal items such as telephones, televisions, and guest meals in a hospital or skilled nursing facility; maintenance supplies and equipment not unique to medical care.

Scheduled and/or non-emergent medical care outside the United States.

Screening tests – Services and supplies, including imaging and screening exams performed for the sole purpose of screening and not associated with specific diagnoses and/or signs and symptoms of disease or of abnormalities on prior testing (including but not limited to total body CT imaging, CT colonography and bone density testing), except to the extent covered under the policy's preventive care benefits.

Services otherwise available – These include but are not limited to: services or supplies for which payment could be obtained in whole

or in part if the member applied for payment under any city, county, state, or federal law; and services or supplies the member could have received in a hospital or program operated by a federal government agency or authority. Covered expenses for services or supplies furnished to a member by the Veterans' Administration of the United States that are not service-related are eligible for payment according to the terms of the policy.

This exclusion does not apply to covered services provided through Medicaid or by any hospital owned or operated by the State of Oregon or any state-approved community mental health and developmental disability program.

Services or supplies for which no charge is made or which the member is not legally required to pay, or which a provider or facility is not licensed to provide even though the service or supply may otherwise be eligible. This includes services provided by the member, or by an immediate family member.

Sexual disorders – Services or supplies for the treatment of sexual dysfunction or inadequacy.

Sex reassignment – Procedures, services or supplies (including gender-reassignment drug therapies in a pre-surgery situation) related to a sex reassignment.

Sleep apnea/sleeping disorders and/or sleep studies – Services or supplies for the treatment of sleep apnea or other sleeping disorders including expense for sleep studies.

Snoring – Services or supplies for the diagnosis or treatment of snoring and/or upper airway resistance disorders,

including somnoplasty.

Temporomandibular joint – Advice or treatment, including physical therapy and/or oromyofascial therapy, either directly or indirectly for temporomandibular joint dysfunction, myofascial pain, or any related appliances.

Third party liability, motor vehicle liability, motor vehicle insurance coverage, workers' compensation – Any services or supplies for illness or injury for which a third party is responsible or which are payable by such third party or which are payable pursuant to applicable workers' compensation laws, motor vehicle liability, uninsured motorist, underinsured motorist, and personal injury protection insurance and any other liability and voluntary medical payment insurance to the extent of any recovery received from or on behalf of such sources.

Training or self-help programs – General fitness exercise programs, and programs that teach a person how to use durable medical equipment or care for a family member. Also excluded are health or fitness club services or memberships and instruction programs, including but not limited to those to learn to self-administer drugs or nutrition, except as specifically provided for in the policy.

Transplants – Any services, treatments, or supplies for the transplantation of bone marrow or peripheral blood stem cells or any human body organ or tissue, except as expressly provided under the policy's provisions for covered transplantation expenses.

Treatment after insurance ends – Services or supplies a member

receives after the member's insurance under the policy ends.

Treatment not medically necessary – Services or supplies that are not medically necessary for the diagnosis or treatment of an illness or injury.

Treatment prior to enrollment – Services or supplies a member received before enrolled under the policy.

Treatment while incarcerated – Services or supplies a member receives while in the custody of any state or federal law enforcement authorities or while in jail or prison.

Unwilling to release information – Charges for services or supplies for which a member is unwilling to release medical information necessary to determine eligibility for payment.

War-related conditions – The treatment of any condition caused by or arising out of an act of war, armed invasion, or aggression, or while in the service of the armed forces.

Benefit Limitations

Elect Plan Dollar Limitations on Specific Benefits

To help you understand your coverage limitations, the table below provides an overview of dollar limitations on specific benefits by plan. This is not a complete list. Please refer to the complete policy for the plan of your choice for specific information. Contact us directly toll-free at (866) 695-8684, or by email at individual@pacificsource.com if you have questions.

Benefit	Elect Premiere	Elect Preferred	Elect Value Option	Elect HSA
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
Breast exams	One exam/year for women age 18 or older*	One exam/year for women age 18 or older*	One exam/year for women age 18 or older*	One exam/year for women age 18 or older*
Cardiac rehabilitation (phase II)	36 sessions/lifetime	36 sessions/lifetime	36 sessions/lifetime	36 sessions/lifetime
Chiropractic manipulation	\$1,500 combined maximum	\$1,000 combined maximum	Not covered	\$1,000 combined maximum
Acupuncture care			Not covered	
Naturopathic care	Covered as office visit	Covered as office visit	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
Durable medical equipment: breast pumps	Three months' rental up to \$200/lifetime toward rental and/or purchase	Three months' rental up to \$200/lifetime toward rental and/or purchase	Three months' rental up to \$200/lifetime toward rental and/or purchase	Three months' rental up to \$200/lifetime toward rental and/or purchase
Durable medical equipment: children's hearing aids**	\$4,000 every 48 months	\$4,000 every 48 months	\$4,000 every 48 months	\$4,000 every 48 months
Gynecological exams	One exam per year	One exam per year	One exam per year	One exam per year
Hospice or respite care	\$10,000/lifetime	\$10,000/lifetime	\$10,000/lifetime	\$10,000/lifetime
Human papillomavirus (HPV) vaccine	Covered under immunization benefit	Covered under immunization benefit	Covered under immunization benefit	Covered under immunization benefit
Mental health treatment (inpatient)	One day/lifetime	One day/lifetime	One day/lifetime	One day/lifetime
Outpatient rehabilitative therapy	30 visits per year combined physical therapy, occupational therapy, and speech therapy	30 visits per year combined physical therapy, occupational therapy, and speech therapy	30 visits per year combined physical therapy, occupational therapy, and speech therapy	30 visits per year combined physical therapy, occupational therapy, and speech therapy

If any covered expense listed below is deemed to be an “essential health benefit” by the Secretary of the U.S. Department of Health and Human Services, the maximum benefit amount listed below will not apply to that covered expense in accordance with the standards established by the Secretary.

Benefit	Elect Premiere	Elect Preferred	Elect Value Option	Elect HSA
Pelvic exams and pap smear exams	One exam per year for women age 18 to 64*	One exam per year for women age 18 to 64*	One exam per year for women age 18 to 64*	One exam per year for women age 18 to 64*
Prescription drug expense	Does not accumulate toward out-of-pocket limit	Does not accumulate toward out-of-pocket limit	Does not accumulate toward out-of-pocket limit	Accumulates toward out-of-pocket limit
Routine physical exams	Age 3-21: One exam per year Age 22-34: One exam every four years Age 35-59: One exam every two years Age 60+: One exam per year	Age 3-21: One exam per year Age 22-34: One exam every four years Age 35-59: One exam every two years Age 60+: One exam per year	Age 3-21: One exam per year Age 22-34: One exam every four years Age 35-59: One exam every two years Age 60+: One exam per year	Age 3-21: One exam per year Age 22-34: One exam every four years Age 35-59: One exam every two years Age 60+: One exam per year
Skilled nursing facility	14 days per year***	14 days per year***	14 days per year***	14 days per year***
Tobacco use cessation programs (age 15 or older)	Two quit attempts/lifetime****	Two quit attempts/lifetime****	Two quit attempts/lifetime****	Two quit attempts/lifetime****
Transplants, travel/housing for recipient	\$5,000/transplant	\$5,000/transplant	\$5,000/transplant	\$5,000/transplant
Transplants (nonparticipating 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	13 exams in the first 36 months of life*****	13 exams in the first 36 months of life*****	13 exams in the first 36 months of life*****	13 exams in the first 36 months of life*****

* Service available any time upon referral of a women’s healthcare provider.

** Benefits limited to members under age 18 and dependent children age 25 or older who are enrolled in secondary school or an accredited educational institution.

*** Services may be extended to a maximum of 60 days per year when preauthorized by PacificSource.

**** Benefits may be limited to a lifetime maximum value of \$500.

***** Includes standard in-hospital exam at birth and related lab tests.

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 email at individual@pacificsource.com.

PacificSource Health Plans is a not-for-profit company based in Springfield, Oregon, with local offices throughout Oregon, Montana, and Idaho. Founded in 1933, we provide our customers with affordable coverage and the best possible service. PacificSource covers more than 290,000 people with its group and individual health insurance plans. For more information, visit PacificSource.com.

