

Corvallis School District

Certified/Licensed Staff

	PacificSource 90+100		PacificSource 80+500	
Benefit Features				
Provider Network	PacificSource Participating Network Participating Non-Participating		PacificSource Participating Network Participating Non-Participating	
Lifetime Maximum	\$2,000,000		\$2,000,000	
Individual Medical Deductible	\$100 per person	\$200 per person	\$500 per person	
Family Deductible	\$300 per family	\$600 per family	\$1,500 per family	
Deductible Calculated	Calendar Year		Calendar Year	
Out-of-pocket maximum you pay each year including deductible (excludes prescription medications)	\$600 per person (family maximum out-of-pocket does not apply)	\$1,700 per person (family maximum out-of-pocket does not apply)	\$2,500 per person (family maximum out-of-pocket does not apply)	\$5,000 per person (family maximum out-of-pocket does not apply)
	<i>note: in true medical emergencies non-participating providers are paid at the participating provider level</i>		<i>note: in true medical emergencies non-participating providers are paid at the participating provider level</i>	
After the out-of-pocket maximum is met each year; carrier pays	100%		100%	
Preventive Care Services	Deductible Waived		Deductible Waived	
Immunizations all ages	100%		100%	80%
Well-Baby care to age 2	100%		100%	80%
Annual women's exam includes Pap and Mammogram	100%		100%	80%
Routine physical exams (According to schedule) Maximum allowance	100%		100%	80%
	Up to \$500 per calendar year Applies to routine physical exams & related tests only		Up to \$500 per calendar year Applies to routine physical exams & related tests only	
Professional Services	After Deductible		After Deductible	
Office visits (includes mental health / chemical dependency)	90%	70%	80%	60%
Diagnostic radiology and lab	90%	70%	80%	60%
Therapeutic injections	90%	70%	80%	60%
Maternity Care	90%	70%	80%	60%
Surgery	90%	70%	80%	60%
Alternative Medicine	Chiropractic, Acupuncture, Naturopathic; \$2,500		Chiropractic, Acupuncture, Naturopathic; \$2,500	
Hospital Services	After Deductible		After Deductible	
Inpatient stay including maternity	90%	70%	80%	60%
Inpatient and residential mental illness/chemical dependency	90%	70%	80%	60%
Outpatient surgery	90%	70%	80%	60%
Emergency room care - copay waived if admitted to hospital	90% after \$100 Copay	70% after \$100 Copay	80% after \$100 copay	60% after \$100 copay

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Benefit Features		
Other Services	After Deductible	After Deductible
Ambulance	80%	80%
Additional Accident	within 90 days of accident first \$500 paid at 100% then subject to deductible & 90%	within 90 days of accident first \$500 paid at 100% then subject to deductible & 70%
Rehabilitation	90%	60%
Durable medical equipment	90%	60%
Prescription Medications - Retail		
Generic Medications	\$5 Copayment	\$5 Copayment
Preferred Medications	\$25 Copayment	\$25 Copayment
Non-Preferred Medications	50% (to \$50 maximum)	50% (to \$50 maximum)
Prescription Medications - Mail Order		
Generic Medications	\$5 Copayment	\$5 Copayment
Preferred Medications	\$25 Copayment	\$25 Copayment
Non-Preferred Medications	50% (to \$50 maximum)	50% (to \$50 maximum)
		(separate from medical)