

**Oregon  
SUMMARY OF  
BENEFITS**



**PREFERRED CODEDUCT  
VALUE 3000+35/70% 0812**

**ANNUAL DEDUCTIBLE** .....\$3,000 per person / \$9,000 per family

The deductible is an amount of covered medical expenses the member pays each calendar year before the plan's benefits begin. The deductible applies to all services and supplies except those marked with an asterisk (\*). Once a member has paid a total amount toward covered expenses during the calendar year equal to the per person amount listed above, the deductible will be satisfied for that person for the rest of that calendar year. Once any covered family members have paid a combined total toward covered expenses during the calendar year equal to the per family amount listed above, the deductible will be satisfied for all covered family members for the rest of that calendar year. Deductible expense is not applied to the out-of-pocket limit.

**ANNUAL OUT-OF-POCKET LIMIT**

Participating Providers .....\$5,000 per person / \$10,000 per family

Non-participating Providers .....\$8,000 per person

Only participating provider expense applies to the participating provider out-of-pocket limit and only non-participating provider expense applies to the non-participating out-of-pocket limit. Once the participating provider out-of-pocket limit has been met, this plan will pay 100% of covered charges (after the co-payment is deducted) for participating and network not available providers for the rest of that calendar year. Once the non-participating provider out-of-pocket limit has been met, this plan will pay 100% of covered charges (after the co-payment is deducted) for non-participating providers for the rest of that calendar year. Deductibles, co-payments, benefits paid in full and non-participating provider charges in excess of the allowable fee do not accumulate toward the out-of-pocket limit. Co-payments and non-participating provider charges in excess of the allowable fee will continue to be the member's responsibility even after the out-of-pocket limit is met.

**The member is responsible for the above deductible and the following co-pays and co-insurance.**

<b>SERVICE:</b>	<b>PARTICIPATING PROVIDERS / NETWORK NOT AVAILABLE:</b>	<b>NON-PARTICIPATING PROVIDERS:</b>
<b>PREVENTIVE CARE</b>		
Well Baby/Well Child Care	No charge*	30% co-insurance*
Routine Physicals	No charge*	30% co-insurance*
Well Woman Visits	No charge*	30% co-insurance*
Immunizations	No charge*	30% co-insurance*
Routine Colonoscopy, age 50-75	No charge*	50% co-insurance
<b>PROFESSIONAL SERVICES</b>		
Office and Home Visits	\$35 co-pay/visit*	\$35 co-pay/visit plus 30% co-insurance*
Office Procedures and Supplies	30% co-insurance	50% co-insurance
Surgery	30% co-insurance	50% co-insurance
Outpatient Rehabilitation Services	30% co-insurance	40% co-insurance
<b>HOSPITAL SERVICES</b>		
Inpatient Room and Board	30% co-insurance	50% co-insurance
Inpatient Rehabilitation Services	30% co-insurance	50% co-insurance
Skilled Nursing Facility Care	30% co-insurance	50% co-insurance
<b>OUTPATIENT SERVICES</b>		
Outpatient Surgery/Services	30% co-insurance	50% co-insurance
Advanced Diagnostic Imaging	\$100 co-pay/test plus 30% co-insurance	\$100 co-pay/test plus 50% co-insurance
Diagnostic and Therapeutic Radiology and Lab	No charge for the first \$400 of covered expense*, then 30% co-insurance	50% co-insurance
<b>URGENT AND EMERGENCY SERVICES</b>		
Urgent Care Center Visits	\$35 co-pay/visit*	\$35 co-pay/visit plus 30% co-insurance*
Emergency Room Visits	\$250 co-pay/visit plus 30% co-insurance*^	\$250 co-pay/visit plus 50% co-insurance*^
Ambulance, Ground	30% co-insurance	30% co-insurance
Ambulance, Air	50% co-insurance	50% co-insurance
<b>MENTAL HEALTH/CHEMICAL DEPENDENCY SERVICES</b>		
Office Visits	\$35 co-pay/visit*	\$35 co-pay/visit plus 30% co-insurance*
Inpatient Care	30% co-insurance	50% co-insurance
Residential Programs	30% co-insurance	50% co-insurance
<b>OTHER COVERED SERVICES</b>		
Allergy Injections	\$5 co-pay/visit*	\$5 co-pay/visit plus 30% co-insurance*
Durable Medical Equipment	30% co-insurance	50% co-insurance
Home Health Care	30% co-insurance	50% co-insurance

**^ Co-pay waived if admitted into hospital. For emergency medical conditions, non-participating providers are paid at the participating provider level.**

**\* Not subject to annual deductible.**

Payment to providers is based on the prevailing or contracted PacificSource fee allowance for covered services. Although participating providers accept the fee allowance as payment in full, non-participating providers may not. Services of non-participating providers could result in out-of-pocket expense in addition to the percentage indicated. Network Not Available payment is allowed when PacificSource has not contracted with providers in the geographical area of the member's residence or work for a specific service or supply. Payment to providers for Network Not Available is based on the usual, customary, and reasonable charge (see 'allowable fee' in the Definitions section) for the geographical area in which the charge is incurred.