

PacificSource Elect Plans at a Glance

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

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

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