

Health Plan Comparison 1/1/2017

Important:

- Eligible AFSCME, AFSCME Nurses, and LCPOA employees, retirees and COBRA participants may choose between the High Deductible Health Plan and Co-Pay Plan.
- Eligible Admin Pro, Local 626, and non-represented employees, retirees and COBRA participants hired **on or after January 1, 2016** may choose between the High Deductible Health Plan and PrimePlus Plan.
- Eligible Admin Pro and Local 626 employees, retirees and COBRA participants hired **on or before December 31, 2015** may choose between the High Deductible Health Plan, PrimePlus Plan, and Co-Pay Plan.
- Eligible non-represented employees, retirees and COBRA participants hired **on or before December 31, 2015** may choose between the High Deductible Health Plan and Co-Pay Plan.
- Eligible FOPPO and Prosecuting Attorneys employees, retirees and COBRA participants may choose between the High Deductible Health Plan, PrimePlus Plan, and Co-Pay Plan.

SERVICE	HIGH DEDUCTIBLE HEALTH PLAN (HDHP)		PRIMEPLUS PLAN		CO-PAY PLAN	
	PARTICIPATING PROVIDER	OUT OF NETWORK	PARTICIPATING PROVIDER	OUT OF NETWORK	PARTICIPATING PROVIDER	OUT OF NETWORK
Annual Deductible Single / Family	\$1,500 / \$3,000		\$250 / \$750		None	
Out-of-Pocket Limit Single / Family	\$3,000 / \$6,000	\$3,000 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000	\$1,500 / \$4,500	Verify with provider
HEALTH SAVINGS ACCOUNT (HSA) funded by Lane County for eligible employees and retirees	\$1,500 / \$3,000		N/A		N/A	
PREVENTIVE SERVICES						
Well baby care	No charge*	Deductible then 40%	No charge*	Deductible then 50%	No charge	50%
Routine/annual exams	No charge*	Deductible then 40%	No charge*	Deductible then 50%	No charge	50%
Immunizations	No charge*	Deductible then 40%	No charge*	Deductible then 50%	No charge	50%
PROFESSIONAL SERVICES						
Office visits	Deductible then 20%	Deductible then 40%	\$25 co-pay*	Deductible then 50%	\$25 co-pay***	50%
Surgery	Deductible then 20%	Deductible then 40%	\$25 co-pay*	Deductible then 50%	\$25 co-pay***	50%
Urgent care office visits	Deductible then 20%	Deductible then 40%	\$25 co-pay*	Deductible then 50%	\$25 co-pay***	50%
HOSPITAL SERVICES						
Inpatient room and board	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 50%	\$250 co-pay per day ^	50% ^
Inpatient rehabilitation	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 50%	\$250 co-pay per day ^	50% ^
Skilled nursing facility care	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 50%	\$250 co-pay per day ^	50% ^
Emergency room visits	Deductible then 20%	Deductible then 40%	\$250 co-pay* ^	Deductible then 50% ^	\$250 co-pay per day ^	50% ^
OUTPATIENT SERVICES						
Outpatient surgery facility fee	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 50%	\$250 co-pay	50%
Advanced diagnostic imaging	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 50%	20%	50%
Diagnostic and therapeutic radiology and lab	Deductible then 20%	Deductible then 40%	No charge up to the first \$500* then deductible then 20% co-insurance	Deductible then 50%	No charge	50%
OTHER COVERED SERVICES						
Durable medical equipment	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 50%	20%	20%
Alternative care (includes chiropractic and acupuncture – excludes massage)	Deductible then 20%	Deductible then 40%	\$25 co-pay up to a maximum of \$500/year*	Not covered	\$25 co-pay*** up to a maximum of \$500/year	Not covered
Routine eye exam (active employees only)**	\$15 co-pay*	30%*	\$15 co-pay*	30%*	\$15 co-pay*	30%*

This is just a summary of benefits, and the plan documents govern. Please consult your [PacificSource Member Handbook](#) or contact 866-468-7272 for more information.

*Not subject to annual deductible.

^Co-Pay Plan: Co-pay subject to 5 day max. Co-pay waived if admitted to hospital. For emergency medical conditions, out of network providers are paid at the participating provider level.

^PrimePlus Plan: Co-pay applies to emergency room physician and facility charges only. Co-pay waived if admitted to hospital.

**One eye exam every 24 months for adults, one eye exam every 12 months for children 18 or younger. LCPOA members receive one exam every 12 months regardless of age. Retiree plans exclude eye exam.

***Professional services co-pay is \$35 for eligible FOPPO, Prosecuting Attorneys, Local 626 and Admin Pro employees.

Prescription Comparison 1/1/2017

HIGH DEDUCTIBLE HEALTH PLAN			
	Tier 1: Generic	Tier 2: Preferred	Tier 3: Non-Preferred
Participating Retail Pharmacy ^			
Up to a 30 day supply	20% co-insurance	20% co-insurance	20% co-insurance
Participating Mail Order Service			
Up to a 90 day supply	20% co-insurance	20% co-insurance	20% co-insurance
Non-participating Pharmacy			
Regardless of tier or day(s) supply	50% co-insurance		
Specialty Drugs – Participating Specialty Pharmacy			
Up to a 30 day supply	20% co-insurance		
Specialty Drugs – Not filled through Participating Specialty Pharmacy			
Regardless of tier or day(s) supply	50% co-insurance		
PRIMEPLUS PLAN			
	Tier 1: Generic	Tier 2: Preferred	Tier 3: Non-Preferred
Participating Retail Pharmacy ^			
Up to a 30 day supply	\$15 co-pay	\$30 co-pay	\$35 co-pay
Participating Mail Order Service			
Up to a 90 day supply	\$45 co-pay	\$90 co-pay	\$105 co-pay
Non-participating Pharmacy			
Regardless of tier or day(s) supply	50% co-insurance or retail co-pay, whichever is greater		
Specialty Drugs – Participating Specialty Pharmacy			
Up to a 30 day supply	Same as retail		
Specialty Drugs – Not filled through Participating Specialty Pharmacy			
Regardless of tier or day(s) supply	50% co-insurance		
CO-PAY PLAN			
	Tier 1: Generic	Tier 2: Preferred	Tier 3: Non-Preferred
Participating Retail Pharmacy ^			
Up to a 30 day supply	\$15 co-pay	\$30 co-pay	\$35 co-pay
31-60 day supply	\$30 co-pay	\$60 co-pay	\$70 co-pay
61-90 day supply	\$45 co-pay	\$90 co-pay	\$105 co-pay
Participating Mail Order Service			
Up to a 90 day supply	\$45 co-pay	\$90 co-pay	\$105 co-pay
Non-participating Pharmacy			
Regardless of tier or day(s) supply	50% co-insurance or retail co-pay, whichever is greater		
Specialty Drugs – Participating Specialty Pharmacy			
Up to a 30 day supply	Same as retail		
Specialty Drugs – Not filled through Participating Specialty Pharmacy			
Regardless of tier or day(s) supply	50% co-insurance or retail co-pay, whichever is greater		

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^ Remember to show your PacificSource ID card each time you fill a prescription at a retail pharmacy.

Note: Regardless of the reason or medical necessity, if you receive a brand name drug or if your physician prescribes a brand name drug when a generic is available, you will be responsible for the brand name drug's co-payment and/or coinsurance. See your member handbook for important information about your prescription drug benefit.

Health Plan Monthly Premium Comparison 1/1/2017

Employee pre-tax cost per month:

Labor Agreement	Hire Date	Co-Pay Plan Premium	High Deductible Health Plan Premium	PrimePlus Plan Premium
AFSCME, AFSCME Nurses, and LCPOA	Any date of hire	\$0	\$0	N/A
Admin Pro and Local 626*	On or after 1/1/2016	N/A	\$20/month	Employee – \$30/month Employee + Dependent(s) – \$50/month
Admin Pro and Local 626*	On or before 12/31/2015	Employee – \$50/month Employee + Dependent(s) – \$70/month	\$20/month	Employee – \$30/month Employee + Dependent(s) – \$50/month
FOPPO and Prosecuting Attorneys*	Any date of hire	Employee – \$50/month Employee + Dependent(s) – \$70/month	\$20/month	Employee – \$30/month Employee + Dependent(s) – \$50/month
Non-represented*	On or after 1/1/2016	N/A	\$20/month	Employee – \$30/month Employee + Child(ren) – \$60/month Employee + Spouse – \$90/month Family – \$120/month
Non-represented	On or before 12/31/2015	\$0	\$0	N/A

*Eligible employees who complete a Health History Risk Assessment (HHRA), Biometric Screening, and Comprehensive Health Review at the Live Well Center receive a \$20 per month credit.