

Comparison of Benefits Plans – AFSCME, AFSCME Nurses, FOPPO, LCPOA, Local-626, Admin-Pro, Pros. Atty, Non-Rep

| Service | Co-Pay Plan | | High Deductible Health Plan (HDHP) | |
|--|---------------------------------------|---------------------------------------|--|---|
| | Participating Providers | Out of Network | Participating Providers | Out of Network |
| Lifetime Maximum | Unlimited | Unlimited | Unlimited | Unlimited |
| Annual Deductible | None | None | Single \$1500 / Family \$3000 | Single \$1500 / Family \$3000 |
| Annual Out-of-Pocket Max | Single \$1500 / Family \$4500 | Single \$1500 / Family \$4500 | Single \$3000 / Family \$6000 | Single \$3000 / Family \$6000 |
| PREVENTIVE SERVICES See Preventive Care Limits sheet. | Plan Pays | Plan Pays | Plan Pays | You Pay |
| Well Baby Care | 100% | 50% | 100% | 40% after deductible |
| Periodic Health Exams | 100% | 50% | 100% | 40% after deductible |
| Routine Women’s Exam (including pap test & breast exam) | 100% | 50% | 100% | 40% after deductible |
| Immunizations | 100% | 50% | 100% | 40% after deductible |
| PROFESSIONAL SERVICES | You Pay | You Pay | You Pay | You Pay |
| Office Visits | \$25 co-pay | 50% | 20% after deductible | 40% after deductible |
| Mental Health/Chem. Dep. Office Visits | \$25 co-pay | 50% | 20% after deductible | 40% after deductible |
| Surgery | \$25 co-pay | 50% | 20% after deductible | 40% after deductible |
| Urgent Care Office Visits | \$25 co-pay | 50% | 20% after deductible | 40% after deductible |
| Hospital Services | | | | |
| Inpatient Room and Board | *\$250 per day | 50% | 20% after deductible | 40% after deductible |
| Inpatient Rehabilitative Care | *\$250 per day | 50% | 20% after deductible | 40% after deductible |
| Skilled Nursing Facility Care | *\$250 per day | 50% | 20% after deductible | 40% after deductible |
| OUTPATIENT SERVICES | | | | |
| Outpatient Surgery | \$250 co-pay | 50% | 20% after deductible | 40% after deductible |
| Outpatient Diagnostic X-Ray and Lab | Plan Pays 100% | 50% | 20% after deductible | 40% after deductible |
| Specified Imaging (MRI, CT, PET scans) | 80% | 50% | 20% after deductible | 40% after deductible |
| EMERGENCY CARE | | | | |
| Emergency Room Facility | \$250 co-pay | 50% | 20% after deductible | 40% after deductible |
| OTHER COVERED SERVICES | | | | |
| Physical Therapy | \$25 co-pay | 50% | 20% after deductible | 40% after deductible |
| Ambulance to nearest facility | \$50 co-pay | 100% / \$50 co-pay | 20% after deductible | 20% after deductible |
| Durable Medical Equipment/Prosthetics | 20% | 80% | 20% after deductible | 40% after deductible |
| Home Health, Hospice, and Respite Care | Plan Pays 100% | 100% | 20% after deductible | 40% after deductible |
| Alternative Care – \$500 annual max (Chiropractic & Acupuncture. Does NOT include Massage even at a Chiropractic office) | \$25 co-pay to \$500/yr max | Not Covered | 20% after deductible | 40% after deductible |
| **VISION | **Exam Only (Active employees) | **Exam Only (Active employees) | **Exam Only (Active employees) | **Exam Only (Active employees) |
| RX (Rx goes towards the deductible and Max out of pocket) | Retail 30 Day Supply | Mail Order 90 day supply | Out of Network | Retail - 30 day supply Mail Order - 90 day supply |
| Generic / Preferred / Non-Preferred | 15 / 30 / 35 | 2x co-pay | ***50% or the retail pharmacy co-pay, whichever is greater | 80% after deductible |
| | | | | 50% after deductible OR the pharmacy co-pay, whichever is greater |

*Co-Pay subject to 5 day maximum

**Exam every 24 months for adults, every 12 months aged 18 and younger.
(Active employees & COBRA only not Retiree)

Co-Pay Plan: Must designate a primary care provider (PCP).

Co-Pay Plan: Referrals required from PCP to see a specialist. No exceptions.

HDHP: This plan meets the IRS requirements for employees to establish a Health Savings Account (HSA)

| Preventive Care Limits | |
|-----------------------------|---|
| | Co-Pay and HDHP (High Deductible Health Plans) |
| Well Baby | Ages to 36 months: 13 visits (12 plus one in-hospital exam) |
| Routine Physical | Ages 3-21: one exam per year (12 months) Ages 22-34: one exam every four years (48 months) Ages 35-59: one exam every two years (24 months) Ages 60 and older: one exam per year (12 months) |
| Routine Gynecological Exams | Exam: one per calendar or plan year Mammogram: annual with or without referral Pelvic/Pap: annual ages 16-64 Breast exam: annual age 18 years and older. (non-routine and subsequent mammograms continue to be paid under diagnostic radiology.) |
| Colorectal Cancer Screening | For ages 50 to 75 years: fecal, occult blood test, flexible sigmoidoscopy, routine colonoscopies, and double contrast barium enema. (Colonoscopies for medical diagnosis, under age 50 yrs, or out-of-network are Outpatient Surgery/Services.) |
| Prostate Cancer Screening | Includes: digital rectal examination and a prostate specific antigen test. |
| Immunizations | Recommended childhood and adult immunizations adopted by the CDCP. Includes flu shots. |
| Tobacco Cessation | Two quit attempts paid at 100% up to a lifetime maximum of \$500 when provided by a PacificSource approved program (Free and Clear only). |
| Routine Eye Exam | Not Covered |
| Routine Dental Exam | Not Covered |
| Other Medical | The following are also covered based on specific criteria outlined in the USPSTF Preventive Care Grade A and B Recommendations: counseling for a healthy diet, sexually transmitted infections, and tobacco use; prophylactic medication for gonorrhea (newborns); and screening for hemoglobinopathies, iron deficiency anemia, osteoporosis, Rh incompatibility for first pregnancy visit and at 24-28 weeks gestation, and syphilis; and screening and counseling for obesity (adults and children). |
| Pharmacy | Unless otherwise stated, a written prescription is required, even if the covered drug is over-the-counter. A 90-day supply is allowed at both participating retail and mail-order pharmacies, unless otherwise noted. Aspirin: Ages 45 and over to prevent Cardiovascular Disease. Generic 81-325 mg only. Folic Acid: Women through 55 years only. Single entity only. Iron: Through age 1 year only. Single entity only. Seasonal Flu Shots: Once per calendar year at participating flu shot pharmacy clinics. |