

Health Plan Comparison 1/1/2016

Important:

- Eligible Local 626, Admin Pro, and non-represented employees, retirees and COBRA participants hired **on or after January 1, 2016** may choose between the PrimePlus Plan and High Deductible Health Plan.
- Eligible Local 626, Admin Pro, and non-represented employees, retirees and COBRA participants hired **on or before December 31, 2015** may choose between the Co-Pay Plan, High Deductible Health Plan, and PrimePlus Plan.
- All other eligible employees, retirees and COBRA participants may choose between the Co-Pay Plan and High Deductible Health 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
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Annual Deductible Single / Family	\$1500 / \$3000		\$250 / \$750		None	
Out-of-Pocket Limit Single / Family	\$3000 / \$6000	\$3000 / \$6000	\$2000 / \$6000	\$2000 / \$6000	\$1500 / \$4500	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% up to a maximum of \$500/year	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.

Prescription Comparison 1/1/2016

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 Premium Comparison 1/1/2016

Employee cost per month:

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

*If you complete the Live Well Health Risk Assessment (HRA) and the biometric screening offered by the County, you will receive a Live Well monthly \$20 credit towards your cost.