

# Health Plan Comparison 1/1/2019

**Important: The provider network for the 2018 Co-Pay and PrimePlus plans will change to the SmartChoice Network effective 1/1/19.**

**In 2019, the plans will be called the Co-Pay Plan and Plus Plan. You will see the new network: SmartChoice listed on your benefit cards.**

- Eligible Admin Pro, Local 626 and non-represented employees, retirees and COBRA participants hired **on or before December 31, 2015** may choose between the High Deductible Health, Plus 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 Plus Plan.
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SERVICE	HIGH DEDUCTIBLE HEALTH PLAN (HDHP)		PLUS PLAN (FORMERLY PRIME PLUS)		CO-PAY PLAN (FORMERLY PRIME CO-PAY)	
	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 & retirees (not COBRA)	\$1,500 / \$3,000		N/A		N/A	
<b>PREVENTIVE SERVICES</b>						
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%
<b>PROFESSIONAL SERVICES</b>						
Office visits	Deductible then 20%	Deductible then 40%	\$25 co-pay*	Deductible then 50%	\$35 co-pay***	50%
Surgery	Deductible then 20%	Deductible then 40%	\$25 co-pay*	Deductible then 50%	\$35 co-pay***	50%
Urgent care office visits	Deductible then 20%	Deductible then 40%	\$25 co-pay*	Deductible then 50%	\$35 co-pay***	50%
<b>HOSPITAL SERVICES</b>						
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% ^
<b>OUTPATIENT SERVICES</b>						
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%
<b>OTHER COVERED SERVICES</b>						
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	\$35 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 541-684-5582 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.

^Plus 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 \$25 for eligible non-represented physicians.

# Prescription Comparison 1/1/2019

HIGH DEDUCTIBLE HEALTH PLAN			
	Tier 1	Tier 2	Tier 3
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		
PLUS PLAN			
	Tier 1	Tier 2	Tier 3
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	Tier 2	Tier 3
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.

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## Health Plan Monthly Premium Comparison 1/1/2019

### Employee cost per month

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

*All eligible employees with a premium cost share who complete all three parts of the “Live Well” Health Risk Assessment (1) Health History Risk Assessment (HHRA), (2) Biometric Screening, and (3) Comprehensive Health Review at the Live Well Center will receive a \$20/month credit in 2019.*