

Health Plan Comparison 1/1/2024

ELIGIBILITY:

- Eligible Admin Pro, Local 626 and non-represented employees, retirees and COBRA participants hired **on or before December 31, 2015** may choose between the HDHP, 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 HDHP and Plus Plan.
- Eligible AFSCME and AFSCME Nurses, AFSCME Physicians, FOPPO, Prosecuting Attorneys and LCPOA employees, retirees and COBRA participants may choose between the HDHP, Plus and Co-Pay Plan.
- Effective 1/1/2020 All employees who enroll on the HDHP can choose between a Health Savings Account (HSA) and an HRA-VEBA for the County Contribution

SERVICE	HIGH DEDUCTIBLE HEALTH PLAN (HDHP)		PLUS PLAN		CO-PAY PLAN	
	PARTICIPATING PROVIDER	OUT OF NETWORK	PARTICIPATING PROVIDER	OUT OF NETWORK	PARTICIPATING PROVIDER	OUT OF NETWORK
Annual Deductible Single / Family	\$1,600 / \$3,200		\$250 / \$750		None	
Out-of-Pocket Limit Single / Family	\$3,000 / \$6,000		\$2,000 / \$6,000		\$1,500 / \$4,500	
HEALTH SAVINGS ACCOUNT (HSA) or HRA-VEBA funded by Lane County for eligible employees & retirees (not COBRA)	\$1,600 / \$3,200		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%	\$35 co-pay	50%
Surgery	Deductible then 20%	Deductible then 40%	Deductible then 20%	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%
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 (true emergency)	Deductible then 20%	Deductible then 20%	\$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*	Deductible then 50%	\$35 co-pay	50% (up to a maximum of \$500/year)
Routine eye exam (active employees only)**	(up to a maximum of \$500/year)	(up to a maximum of \$500/year)	(up to a maximum of \$500/year)	(up to a maximum of \$500/year)	(up to a maximum of \$500/year)	30%*
	\$15 co-pay*	30%*	\$15 co-pay*	30%*	\$15 co-pay*	

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 two exams every 12 months regardless of age. Retiree plans exclude eye exam.

Prescription Comparison 1/1/2024

HIGH DEDUCTIBLE HEALTH PLAN		Tier 1	Tier 2	Tier 3
Participating Retail Pharmacy ^				
Up to a 90 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 & CO-PAY PLANS		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	\$30 co-pay	\$60 co-pay	\$70 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			

Important:

- 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.
- Eligible AFSCME and AFSCME Nurses, FOPPO, AFSCME Physicians, Prosecuting Attorneys and LCPOA employees, retirees and COBRA participants may choose between the High Deductible Health, Plus and Co-Pay Plan.

^ 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 1/1/2024

Employee cost per month

Labor Agreement	Hire Date	Co-Pay Plan	High Deductible Health Plan	PrimePlus Plan
FOPPO, LCPOA, Prosecuting Attorneys, AFSCME, AFSCME Physicians 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
Limited Duration Position (employee coverage only)	Any date of hire	N/A	\$20/month	N/A

All eligible employees with a premium cost share who complete all parts of the “Live Well Credit” Health Risk annually will receive a \$20/month credit.