

Lane County Health Insurance Comparison by Labor Group



Labor Group	Benefit	High Deductible Health Plan (HDHP) Eligible for employee to establish a Health Savings Account (HSA)	Co-Pay Plan
Admin-Pro AFSCME AFSCME Nurses LCPWA- 626 Non- Represented Elected Officials Prosecuting Atty's	Annual Deductible	Single enrollee - \$1500 Family (two or more enrollees) - \$3000	No deductible
	Basic Benefit Design	Pacific Source Preferred Provider paid at 80% after annual deductible	Pacific Source Primary Care Provider (PCP) and Specialist (with PCP referral) paid 100% following per visit co-pay. Some services paid at 80% after copay
	Maximum Annual Out of Pocket	Single enrollee - \$3000 Family (two or more enrollees) - \$6000	\$1,500 per enrollee up to \$4500 per family
	Prescription Drug Program	Subject to deductible then plan pays 80% up to maximum annual out of pocket	Formulary - \$15/\$30/\$35, does not apply to maximum annual out of pocket
	Alternative Care	Subject to deductible then plan pays 80% up to \$500 in a calendar year	\$25 copay, plan pays up to \$500 in a calendar year
FOPPO	Benefit	Traditional Medical Preferred	Managed Care Medical Prime
	Basic Benefit Design	Pacific Source Preferred Provider paid at 100% after annual deductible	Pacific Source Primary Care Provider (PCP) and Specialist (with PCP referral) paid 100% following per visit co-pay
	Maximum Annual Out of Pocket	\$1,500 per enrollee to 3 enrollees per family	\$1,000 per enrollee
	Prescription Drug Program	Formulary - \$15/\$30/\$35, no maximum out of pocket	Formulary - \$15/\$30/\$35, no maximum out of pocket

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LCPOA	Basic Benefit Design	Pacific Source Preferred Provider paid at 100% after annual deductible	Pacific Source Primary Care Provider (PCP) and Specialist (with PCP referral) paid 100% following per visit co-pay
	Maximum Annual Out of Pocket	\$500 per enrollee	\$1,000 per enrollee
	Prescription Drug Program	\$50 annual deductible per enrollee to 3 enrollees per family;	\$50 annual deductible per enrollee to 3 enrollees per family;
		20% cost to a \$500 max out of pocket per enrollee	20% cost to a \$500 max out of pocket per enrollee
	Cost Share	Employee pays 50% of any composite premium cost increase over 10%	N/A
- reviewed annually for August 01 adjustment			
No cost share for 2011-2012 plan year.			

Enrollee – is each person enrolled on the plan.