

# Health Plan Comparison 1/1/2024-2025

*Myra M. Wood*  
TA'd 10/11/24 *John P. Hiss*

**ELIGIBILITY:**

- Eligible AFSCME General and Nurses, retirees and COBRA participants hired on or before December 31, 2024 may choose between the HDHP, Plus and Co-Pay Plan (cannot return to Co-Pay if elect another plan).
- Eligible AFSCME General and Nurses, retirees and COBRA participants hired on or after January 1, 2025 may choose between the HDHP and Plus Plan.
- All employees who enroll ~~on~~ in 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	\$1,650/\$3,300 (2025) Effective 1/1/26: <del>\$1,600</del> 2,000 / <del>\$3,200</del> 4,000		\$250 / \$750		None	
Out-of-Pocket Limit Single / Family	<del>\$3,000</del> 4,000 / <del>\$6,000</del> 8,000		\$2,000/\$6,000 Effective 1/1/26: <del>\$2,000</del> 3,000 / \$6,000		\$1,500/ \$4,500 Effective 1/1/26: <del>\$1,500</del> 3,000 / <del>\$4,500</del> 6,000	
HEALTH SAVINGS ACCOUNT (HSA) or HRA-VEBA funded by Lane County for eligible employees & retirees (not COBRA)	\$1,6001,650 / <del>\$3,200</del> 3,300 (2025) \$1,600 / \$3200 (2026) Effective 1/1/26: \$2,000/\$4,000 with completion of Live Well Credit		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>						
Primary Care Office visits	Deductible then 20%	Deductible then 40%	\$25 co-pay*	Deductible then 50%	\$35 co-pay	50%
Effective 1/1/26, Specialist Office visits	Deductible then 20%	Deductible then 40%	\$35 co-pay	Deductible then 50%	\$50 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%
<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 (true emergency)	Deductible then 20%	Deductible then 20%	\$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 \$50C* 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% (up to a maximum of \$500/year)	Deductible then 40% (up to a maximum of \$500/year)	\$25 co-pay* (up to a maximum of \$500/year)	Deductible then 50% (up to a maximum of \$500/year)	\$35 co-pay (up to a maximum of \$500/year)	50% (up to a maximum of \$500/year)
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. Retiree plans exclude eye exam.

# Prescription Comparison 1/1/20242025

*John M. Wood*  
TA'd 10/11/24

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. Effective 1/1/26, 30% co-insurance up to \$100 max		
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 AFSCME General or Nurses hired on or before **December 31, 2024** may choose between the High Deductible Health, Plus and Co-Pay Plan.
- Eligible AFSCME General and Nurses hired on or after **January 1, 2025** may choose between the High Deductible Health Plan and Plus 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.

\*Effective 1/1/26, All plans are subject to a generic preferred drugs. Brand name drugs will only be covered when medically required **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 cost of the drug.

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.

**Health Plan Monthly Premium Comparison**  
**1/1/2024-2025**

*Ash L. Fin*  
*By M. Wood*

TA'd 10/11/24

Employee cost per month<sup>^</sup>

Labor Agreement	Hire Date	Co-Pay Plan**	High Deductible Health Plan**	PrimePlus Plan**
<u>AFSCME General and Nurses</u>	<u>On or after 1/1/2025</u>	N/A	\$20/month	<u>Employee \$30/month Employee + Dependent(s) \$50/month</u>
<u>AFSCME General and Nurses</u>	<u>On or before 12/31/2024</u>	<u>Employee – \$50/month</u> <u>Employee + Dependent(s)</u> <u>– \$70/month</u>	\$20/month	<u>Employee \$30/month Employee + Dependent(s) \$50/month</u>

^Effective, 1/1/26, If you and/or your spouse/domestic partner are enrolled in a Lane County medical plan and use tobacco products, you'll pay a monthly surcharge of \$25/mo for employee, \$25/mo for spouse/domestic partner, or \$50/mo for both employee and spouse/domestic partner.

\*\* 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.