

## AFSCME Insurance Plan Comparison

### Traditional/Preferred Provider Plan ("Preferred PSN" on your PacificSource ID card)

	<u>Current Plan</u>	<u>Plan as of 1/1/2010</u>
Annual Medical Deductible	\$125 per person/ \$375 per family	\$100 per person/\$300 per family
Preferred Providers	100%	100%
<i>*Note: Most medical providers in Lane County are Preferred Providers for PacificSource</i>		
Non-Preferred Providers	Plan pays 80% after deductible up to \$2,500. 100% thereafter, except where co-pays apply.	Plan pays 80% after deductible up to \$7,500. 100% thereafter, except where co-pays apply.
Maximum out-of-pocket of eligible expenses	\$500/calendar year, no family max, plus any co-pays or coinsurance	\$1,500 per person/\$4,500 per family max plus any co-pays or coinsurance
Office visits	100% after \$20 co-payment	100% after annual deductible is met
Prescription Drugs	\$100 deductible per insured provided through a Participating pharmacy, with 20% co-pay, of the first \$2,000 of eligible prescription charges. Maximum \$400 annual out of pocket per insured, after deductible has been met.	Drug Formulary Plan through Participating pharmacies, plus Mail Order option. Co-pay per Rx of \$15/\$30/\$35 at pharmacy Mail Order 45 day supply for 1 co-payment and 90 day supply for 2 co-payments

### Prime Managed Care Plan ("Prime" on your PacificSource ID card)

	<u>Current Plan</u>	<u>Plan as of 1/1/2010</u>
Office Visit	100% after \$20 co-payment	100% after \$10 co-payment
Periodic Physical Exams	100% after \$20 co-pay/visit (frequency schedule based on age)	100% after \$10 co-pay/visit (frequency schedule based on age)
Well Baby care	100% after \$20 co-pay/visit	100% after \$10 co-pay/visit
Annual women's exam	100% after \$20 co-pay/visit	100% after \$10 co-pay/visit
Outpatient Rehabilitation	100% after \$20 co-pay/visit	100% after \$10 co-pay/visit
Podiatry	100% after \$20 co-pay/visit	100% after \$10 co-pay/visit
Prescription Drugs	\$100 deductible per insured provided through a Participating pharmacy, with 20% co-pay, of the first \$2,000 of eligible prescription charges. Maximum \$400 annual out of pocket per insured, after deductible has been met.	Drug Formulary Plan through Participating pharmacies, plus Mail Order option. Co-pay per Rx of \$15/\$30/\$35 at pharmacy Mail Order 45 day supply for 1 co-payment and 90 day supply for 2 co-payments
Hearing analysis	100% after \$20 co-pay/visit (Screening exam thru 18,1 per 24 mos.)	100% after \$10 co-pay/visit (Screening exam thru 18,1 per 24 mos.)
Mental Health/Chemical Dependency	100% after \$20 co-pay/visit	100% after \$10 co-pay/visit

ASFCME Local 2831  
MEDICAL INSURANCE CHANGES  
AS OF JANUARY 1, 2010

FREQUENTLY ASKED QUESTIONS

***Why is the County changing my health plan?***

As a result of the collective bargaining process, the AFSCME Local 2831 contract for July 1, 2008 thru June 30, 2011, provides that AFSCME General Unit members and retirees will move to the County's Standard health insurance plans.

***When will this change occur?***

The change will be effective as of January 1, 2010.

***Will AFSCME members and retirees still have a choice between a Traditional/Preferred Provider Plan and a Managed Care Plan?***

Yes, both plan designs will continue to be offered to all eligible Lane County employees and retirees, including AFSCME General Unit members and retirees. If you are currently enrolled in the Traditional/Preferred Provider Plan you will still be enrolled in that plan design. If you are enrolled in the Prime Managed Care Plan, you will still be enrolled in that plan design.

***How can I tell what Plan I'm enrolled in?***

You should look at your PacificSource ID card - If it says "Preferred PSN", you are enrolled in the Traditional/Preferred Provider Plan. If it says that you are in the "Prime" plan, you are enrolled in the Managed Care Plan.

***Can I change my Plan in January?***

No, the only time you may make that kind of change is during the County's annual Open Enrollment period in July of each year. Any change you make would be effective as of August 1 of that year.

***Exactly what changes I will see in my health insurance coverage?***

A comparison can be viewed and/or printed from the Lane County intranet. Click on Employee Info - Benefits Main Information. Under the "AFSCME" heading on the right side of the page there is both a summary of the current health plan designs, as well as a comparison showing the changes that will occur on January 1, 2010. Anything **not** noted on this comparison, will remain the same as the benefits you now enjoy. To see a summary of the new plans, you can look under the Non-Rep/Elected Officials heading on the right side of the page.

***Will my annual out-of-pocket costs for prescription drugs increase due to the Drug Formulary rather than the 20% co-pay?***

This will depend upon what prescription drugs you and/or other members of your family are taking, and how many prescriptions you and/or your family are taking. Based upon the review that was done during bargaining, some AFSCME members will experience a savings under the Drug Formulary; some will pay approximately the same; and some will pay more each year than they do currently.

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***How can I make sure I'm paying the least amount necessary for prescription drugs?***

Under the Drug Formulary, the least expensive co-payment is for generic drugs - \$15 for a prescription for one month or less. Name brand drugs will require a \$30 co-payment per month. A few newer and/or less proven name brand drugs will require a \$35 co-payment per month. To the extent that you can take generic drugs, this will reduce your cost.

1. Make a list of all prescription drugs currently being used by you and/or members of your family.
2. Discuss this list with your medical provider or pharmacist to determine which drugs are generic. Generally, if you can easily pronounce the name, or if you see television or magazine advertising for the drug, it is NOT generic.
3. Discuss any non-generic drugs with your medical provider. Ask if there is a generic equivalent, or if there is another drug that does have a generic equivalent, that could accomplish the same medical goals.
4. When your medical provider gives you a new prescription, always remember to ask if there is a generic equivalent. Providers usually understand the rules of drug formulary plans and will, in most cases, be able to find a generic drug that will satisfy your medical goals.

***What is the advantage of the Mail Order prescriptions?***

By using Mail Order prescriptions you may be able to reduce your annual prescription drug cost even more. Some drugs are considered to be "maintenance drugs" In other words, they are a drug that you take daily or routinely to control a medical condition. High blood pressure medication and drugs to lower cholesterol or blood sugar, are examples of these drugs.

If your prescription meets these qualifications, you may order up to three months at a time under the Mail Order Prescription Drug plan offered by PacificSource through either CVS Caremark, or WellPartner Pharmacy. You may choose either one. For the cost of one co-pay you will receive 45 days of the prescription drug instead of the 30 day prescription from your local participating pharmacy; or, for the cost of two co-pays you will receive 90 days of the prescription, instead of the 60 day prescription from your local pharmacy. The prescriptions will be mailed to your home.

***Some drugs may only be prescribed for 30 days per prescription. If that is true of a drug that you are taking, mail order will not change that limitation.***

***How do I sign up for Mail Order prescriptions?***

You will be able to use a paper form, or by going to the PacificSource website and clicking on the link that will take you to the CVS Caremark and Wellpartner Pharmacy websites.

Information and paper forms are available on the Lane County intranet - Employee Info-Benefits Main Information, on the right side of the page under AFSCME - Jan 1, 2009 Medical Ins Change

***However, you will not be able to enroll in this program until January 1, 2010.***

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***What if one or more of my prescription drugs are name brand drugs that do not have a generic equivalent?***

Discuss this with your medical provider. Ask the provider if there is a different prescription drug that does have a generic equivalent that can accomplish the same medical goals. If there does not appear to be an alternative drug, or if you have tried other drugs but they have not had the desired outcome, there may not be an alternative for you at this time. The good news is that eventually the patent protection on name brand drugs does expire and then generic equivalents become available.

***One or more of my generic drugs cost less than \$15 per month. Will I have to pay the \$15 co-pay anyway?***

No, you will pay the \$15 co-pay or the cost of the drug whichever is less. Many pharmacies in the area have an extensive list of \$4 and \$5 prescription drugs. If your prescription drug(s) is on those lists, you will only pay \$4 or \$5 dollars. In fact, you may find that it is worth an hour or two of your time to contact various pharmacies to find out which one(s) offer the lowest price for your particular generic drugs. Prices do vary from pharmacy to pharmacy.

***One of the changes is an increase in something called the "out of pocket maximum" from \$500 to \$1,500. What does that mean?***

This change only affects you if you are enrolled in the Traditional/Preferred Provider Plan. Once you have met your annual deductible of \$100, your medical benefits will be paid at the percentages indicated on the medical plan comparison that is posted on the Lane County intranet under Employee Info - Benefits Main Information. **If you choose a preferred provider, most benefits are paid at 100%.** However, if you choose a non-participating provider, benefits will be paid at 80%, and you will be responsible to pay the remaining 20% of the cost of the medical service. In addition some services, such as physical therapy, are only paid at 80% even if you choose a preferred provider. Under the current plan, if the 20% portion that you pay exceeds \$500, you will only be responsible for up to \$500. As of January 1, 2010, you will be responsible for up to \$1,500.

Most health care providers, hospitals, and surgical centers in Lane County are considered preferred providers by PacificSource, and most benefits will be paid at 100%. This change should not affect most employees and dependents. You may be affected if you or your dependents use a great deal of physical therapy services, or use medical providers or hospitals outside of Lane County or outside of Oregon.

***Do I have to complete any paperwork or take any action prior to this change?***

No, you do not have to take any action. The change process will be performed by PacificSource and Lane County Benefits.

***When will I receive my new PacificSource ID cards?***

You should receive new cards for yourself and your eligible dependents the first week in January. If you have medical appointments scheduled during the first few days of January, your medical providers can contact PacificSource directly to verify coverage if you have not received your new ID cards by that time.

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***How will my vision coverage change?***

There will be no changes to your vision care benefits.

***How will my dental coverage change?***

There will be no changes to your dental insurance coverage.