

By Labor Group – Effective 08/01/2008 – 07/31/2009* Plan Year
 Summary of Deductible, Out of Pocket Max and Drug Plans

Enrollee – is each person enrolled on the plan.

Labor Group	Benefit	Traditional Medical (Preferred)	Managed Care Medical (Prime)
Non-Represented, Retirees, Elected Officials	Annual Deductible	\$100 per enrollee to 3 enrollees per family	\$10 – visit co-pay
	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
AFSCME	Annual Deductible	\$125 – per enrollee to 3 enrollees per family	\$20/visit co-pay
	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 each enrollee	\$1,000 per each enrollee
	Prescription Drug Program	\$100 annual deductible per enrollee 20% cost to a \$400 max out of pocket per enrollee	\$100 annual deductible per enrollee 20% cost to a \$400 max out of pocket per enrollee
AFSCME Nurses	Annual Deductible	\$125 – per enrollee to 3 enrollees per family	\$20-visit co-pay
	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 each enrollee	\$1,000 each enrollee
	Prescription Drug Program	\$100 annual deductible per enrollee 20% cost to a \$400 max out of pocket per enrollee	\$100 annual deductible per enrollee 20% cost to a \$400 max out of pocket per enrollee
Administrative - Professional	Annual Deductible	\$100 per enrollee – 3 enrollees per family	\$10 – visit co-pay
	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

Summary of Deductible, Out of Pocket Max and Drug Plans

Labor Group	Benefit	Traditional Medical (Preferred)	Managed Care Medical (Prime)
LCPOA	Annual Deductible	\$100 per enrollee to 3 enrollees per family (Annual deductible is combined medical/rx)	\$5 – visit co-pay
	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; 20% cost to a \$500 max out of pocket per enrollee	\$50 annual deductible per enrollee to 3 enrollees per family; 20% cost to a \$500 max out of pocket per enrollee
	Other Medical Benefits Specific to Group	DIRECTION Pre-Authorization is not required for out patient MH/CD Vision benefit is annual for adults and children	Vision benefit is annual for adults and children
	Cost Share	Employee pays 50% of any composite premium cost increase over 10% - reviewed annually for August 01 adjustment	
LCPWA – Local 626	Annual Deductible	\$100 per enrollee to 3 enrollees per family	\$10 – visit co-pay
	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
Prosecuting Attorneys	Annual Deductible	\$100 per enrollee to 3 enrollees per family	\$10 – visit co-pay
	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	\$1,000 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

Summary of Deductible, Out of Pocket Max and Drug Plans

Labor Group	Benefit	Traditional Medical (Preferred)	Managed Care Medical (Prime)
FOPPO	Annual Deductible	\$125 per enrollee to 3 enrollees per family	\$20 – visit co-pay
	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 to 3 enrollees per family	\$1,000 per enrollee
	Prescription Drug Program	\$100 annual deductible per enrollee 20% cost to a \$400 max out of pocket per enrollee	\$100 annual deductible per enrollee 20% cost to a \$400 max out of pocket per enrollee