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**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.

<b>Labor Group</b>	<b>Benefit</b>	<b>Traditional Medical (Preferred)</b>	<b>Managed Care Medical (Prime)</b>
<b>Non-Represented, Retirees, Elected Officials</b>	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
<b>AFSCME</b>	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
<b>AFSCME Nurses</b>	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
<b>Administrative - Professional</b>	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

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

<b>- Labor Group</b>	<b>Benefit</b>	<b>Traditional Medical (Preferred)</b>	<b>Managed Care Medical (Prime)</b>
<b>LCPOA</b>	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 Current cost share amt \$32.37	
<b>LCPWA – Local 626</b>	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
<b>Prosecuting Attorneys</b>	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

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Summary of Deductible, Out of Pocket Max and Drug Plans**

<b>Labor Group</b>	<b>Benefit</b>	<b>Traditional Medical (Preferred)</b>	<b>Managed Care Medical (Prime)</b>
<b>FOPPO</b>	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