# Classified and Management Retiree Open Enrollment

2014-2015

### Plan Choices

### Medical (Same as last year)

- Plan A \$500 Deductible
- Plan B \$750 Deductible
- Plan C \$1000 Deductible

#### All three plans have:

- \$25 co-payment for office visits
- same co-insurance breakdown
- Same Pharmacy Benefit

### **Dental (Same as last year)**

- Willamette Dental
- MODA Dental
   (no changes to plans)

Vision (Same as last year)

# What has changed?

- Deductibles, co-payments, and coinsurance apply to the outof-pocket maximum
- Out-of-pocket maximum now includes pharmacy costs
- Out-of-pocket maximum now includes vision costs
- Naturopath services are now covered as a Medical benefit (no longer limited to 24 visits per year)

### Change in Out-of-Pocket(OOP) Maximum

2013-14

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Plan A	Individual	Family	
In Network	\$1,500	\$3,000	
Out-of-Network	\$2,250	\$4,500	
Plan B	Individual	Family	
In Network	\$2,500	\$5,000	
Out-of-Network	\$3,750	\$7,500	
Plan C	Individual	Family	
In Network	\$3,000	\$6,000	
Out-of-Network	\$4,500	\$9,000	
Pharmacy	\$750.00 Out-of-Pocket Maximum per person		

Plan A	Individual	Family	
In Network	\$2,000	\$4,250	
Out-of-Network	\$3,250	\$7,000	
Plan B	Individual	Family	
In Network	\$3,250	\$6,875	
Out-of-Network	\$5,250	\$11,250	
Plan C	Individual	Family	
In Network	\$4,000	\$8,500	
Out-of-Network	\$6,500	\$14,000	
Pharmacy	Combined with Medical OOP		

## **Out-of-Pocket Maximum**

### Effective July 1st, 2014:

- Deductible (\$500, \$750 or \$1,000), co-payments (\$25.00) and co-insurance (20% or 40% of cost after deductible) will go towards your annual medical out-of-pocket maximum
- Member Pharmacy Costs go towards the medical out-ofpocket maximum
- Member Vision Costs go towards the medical out-of-pocket maximum

# How might this change affect my costs?

#### 2013-14 Individual Only - Plan A \$500 deductible Out of Pocket Maximum = \$1,500

Co Pays do not credit toward OOP Deductible does not credit toward OOP Pharmacy costs do not credit toward OOP

Sample Hospital O/P bill Individual deductible amount	\$ 10,500.00 ( <u>\$500</u> )
Remaining Cost	\$ 10,000.00
Employee Coinsurance %	20%
Individual coinsurance amount	\$ 2,000
Individual coinsurance maximum out of pocket	\$ 1,500.00
10 Annual Office Visit Co-Pays (\$25 per visit)	\$ 250.00
+ \$500 Deductible	\$ 500.00
Total Medical Employee Responsibility	\$ 2,250.00
Pharmacy Out-of-Pocket Maximum \$750.00	
Annual Pharmacy Costs	\$ 1,500.00
Pharmacy Out-of-Pocket Maximum	\$ 750.00
<b>Total Pharmacy Employee Responsibility</b>	<u>\$750.00</u>
Total Employee Cost	\$ 3,000.00

### 2014-15 Individual Only - Plan A \$500 deductible Out of Pocket Maximum = \$2,000

Co Pays credit toward OOP Deductible credits toward OOP Pharmacy costs credit toward OOP

Sample Hospital O/P bill Individual deductible amount	\$	10,500.00 (\$500)
Remaining Cost Employee Coinsurance %	\$	10,000.00
Individual coinsurance amount	\$	2,000
Individual coinsurance maximum out of pocket	\$	2,000.00
10 Annual Office Visit Co-Pays (\$25 per visit)	\$	-
+ \$500 Deductible	\$	-
Total Medical Employee Responsibility	<u>\$</u>	2,000.00
Pharmacy Out-of-Pocket Costs		
Annual Pharmacy Costs	\$	1,500.00
Pharmacy Out-of-Pocket Maximum	\$	-
Total Pharmacy Employee Responsibility		<u>\$0.00</u>
Total Employee Cost	\$	2,000.00

# Could the Change in Out-of-Pocket Maximum be less beneficial to me?

### 2013-14 Individual Only - Plan A \$500 deductible Out of Pocket Maximum = \$1,500

Co Pays do not credit toward OOP Deductible does not credit toward OOP Pharmacy costs do not credit toward OOP

Annual Medical Costs Individual deductible amount Remaining Cost Employee Coinsurance % Individual coinsurance amount	\$ \$ \$	500.00 - 20%
Individual coinsurance maximum out of pocket 4 Annual Office Visit Co-Pays (\$25 per visit) + \$500 Deductible Total Medical Employee Responsibility	\$ \$ <b>\$</b>	100.00 100.00
Pharmacy Out-of-Pocket Maximum \$750.00		
Annual Pharmacy Costs	\$	2,500.00
Pharmacy Out-of-Pocket Maximum	\$	750.00
Total Pharmacy Employee Responsibility		<u>\$750.00</u>
Total Employee Cost	\$	850.00

### 2014-15 Individual Only - Plan A \$500 deductible Out of Pocket Maximum = \$2,000

Co Pays credit toward OOP
Deductible credits toward OOP
Pharmacy costs credit toward OOP

Annual Medical Costs Individual deductible amount	\$ \$	500.00
Remaining Cost	\$	
Employee Coinsurance %		20%
Individual coinsurance amount	\$	
Individual coinsurance maximum out of pocket	\$	-
4 Annual Office Visit Co-Pays (\$25 per visit)	\$	100.00
+ \$500 Deductible		
Total Medical Employee Responsibility	\$	100.00
Pharmacy Out-of-Pocket Costs		
Annual Pharmacy Costs	\$	2,500.00
No Pharmacy Out-of-Pocket Maximum	\$	-
Total Pharmacy Employee Responsibility	\$	1,900.00
Total Employee Cost	\$	2,000.00

# Naturopath Services

Naturopath services now fall under the Medical Plan. Benefits mirror type of service performed:

#### For example:

- Office Visit: \$25.00 copay
- Diagnostic services: Subject to deductible; then plan pays 80% if in-network provider or 60% if out-of-network provider
- No maximum number of visits per year