	2016-17 Plan Comparison		
	PSHP**	OEBB Birch	PSHP Better?
	PAR/Non-PAR	PAR/Non-PAR	
Deductible			
Individual	\$500	\$800/\$1600	yes
Family	\$1,500	\$2,400/\$4,800	yes
Out of Pocket Maximum			
Individual	\$2,500/\$4,500	\$4,000/\$8,000	yes
Family	\$5,000/N/A	\$12,000/\$24,000	yes
Office, Specialist & Home Visits	\$25*/40%	20%/50%	yes
Chiropractic & Acupuncture	20%*	20%/50%	yes
Outpatient Surgery	20%/40%	20%/50%	yes
Inpatient Room & Board	20%/40%	20%/50%	yes
Advanced Imaging (CT, MRI, PET)	20%/40%	\$100 then 20%/\$100 then 50%	yes
Diagnostic Radiology & Lab	20%/40%	20%/50%	yes
Urgent Care Center Visit	\$25*/40%	\$50	yes
Emergency Room Visit	\$100 then 20%	\$100 then 20%	same
Chemical Dependency/office	\$25	\$0*/50%	no
Chemical Dependency/res/inpt	20/40%	\$0*/50%	no
Ambulance	20%	20%	same
Durable Medical Equipment	20%/40%	20%/50%	yes
Hearing Aids	20%/40%	10%/50%	no/yes
Accident Benefit	First \$500 paid at 100%	N/A	yes
*Deductible does not apply			
**PSHP PacificSource Health Plans CSD Direc	t Contract for Licensed/Certi	ified Staff	
2016-17 Rates			Difference
Unit/Composite	\$1,058.06	\$1,458.98	\$400.9
Current Active Employee Count (Enrolled in C	DEBB)		31
Savings would have been		Monthly	\$125,087.0
		Annually	\$1,501,044.4