

## Knox County Government 2012 Medical Plans

Benefits:	Option 1		Option 2		Option 3	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
PCP Office Visit	80%, deductible	50%, deductible	\$35 copay	50%, deductible	\$30 copay	50%, deductible
Specialist Office Visit	80%, deductible	50%, deductible	\$45 copay	50%, deductible	\$40 copay	50%, deductible
Preventive Services	100%, unlimited benefits	Excluded	100%, unlimited benefits	Excluded	100%, unlimited benefits	Excluded
Coinsurance	80%	50%	80%	50%	80%	50%
Individual Deductible	\$1,500	\$4,500	\$1,000	\$3,000	\$500	\$1,500
Family Deductible	\$3,000	\$9,000	\$2,000	\$6,000	\$1,000	\$3,000
Individual OOP Max	\$3,000	\$9,000	\$3,000	\$9,000	\$2,000	\$6,000
Family OOP Max	\$6,000	\$18,000	\$6,000	\$18,000	\$4,000	\$12,000
Deductible Applies to OOP	Yes	Yes	Yes	Yes	Yes	Yes
Copays Apply to OOP	No	No	No	No	No	No
Annual Maximum	Unlimited		Unlimited		Unlimited	
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
IP Hospital	80%, deductible	50%, deductible	80%, deductible	50%, deductible	80%, deductible	50%, deductible
OP Surgery/ Services	80%, deductible	50%, deductible	\$250 copay	50%, deductible	\$150 copay	50%, deductible
Emergency Room	80%, deductible	80%, deductible	\$200 copay, then 80%, deductible	\$200 copay, then 80%, deductible	\$150 copay, then 80%, deductible	\$150 copay, then 80%, deductible
Urgent Care	80%, deductible	80%, deductible	Office visit copay	Office visit copay	Office visit copay	Office visit copay
X-Ray/lab, outpatient hospital	80%, deductible	50%, deductible	80%, deductible	50%, deductible	100%	50%, deductible
X-ray/lab, independent facility	80%, deductible	50%, deductible	100%	50%, deductible	100%	50%, deductible
CAT, MRI and PET Scans	80%, deductible	50%, deductible	\$125 copay, then 80%, deductible	50%, deductible	\$125 copay, then 80%, deductible	50%, deductible
Mammograms	100%	50%, deductible	100%	50%, deductible	100%	50%, deductible
Home Health Care	80%, deductible	50%, deductible	80%, deductible	50%, deductible	80%, deductible	50%, deductible
Durable Medical Equipment	80%, deductible	50%, deductible	80%, deductible	50%, deductible	80%, deductible	50%, deductible
Short Term Rehabilitation (STR)	80%, deductible	50%, deductible	\$45 copay	50%, deductible	\$40 copay	50%, deductible
Speech/ Hearing	80%, deductible	50%, deductible	Included in STR	50%, deductible	Included in STR	50%, deductible
Physical/ Occupational	80%, deductible	50%, deductible	Included in STR	50%, deductible	Included in STR	50%, deductible
Cardiac Therapies	80%, deductible	50%, deductible	Included in STR	50%, deductible	Included in STR	50%, deductible
Rehabilitative Chiropractic	80%, deductible	50%, deductible	Included in STR	50%, deductible	Included in STR	50%, deductible
Infertility Treatment	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded
Bariatric Services	Same as other illness subject to med approval	Excluded	Same as other illness subject to med approval	Excluded	Same as other illness subject to med approval	Excluded
Routine Foot Care	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded
Retail Rx (30 day supply)	80%, deductible	Excluded	\$4/40/60	Excluded	\$4/40/60	Excluded
Mail Order Rx (90 day supply)	80%, deductible	Excluded	\$8/80/120	Excluded	\$8/80/120	Excluded
Retail Rx Deductible	80%, deductible	Excluded	\$100 / \$200	Excluded	\$100 / \$200	Excluded
Mail Order Rx Deductible	80%, deductible	Excluded	No deductible	Excluded	No deductible	Excluded
Mental Health/ Substance Abuse InPatient Hospital	80%, deductible	50%, deductible	80%, deductible	50%, deductible	80%, deductible	50%, deductible
Mental Health/ Substance Abuse OutPatient Hospital or office visit	80%, deductible	50%, deductible	\$45 copay	50%, deductible	\$40 copay	50%, deductible
MH/SA Group Therapy	80%, deductible	50%, deductible	\$45 copay	50%, deductible	\$40 copay	50%, deductible
SA Outpatient	80%, deductible	50%, deductible	\$45 copay	50%, deductible	\$40 copay	50%, deductible
Vision Care (exam only)	\$10 copay	Excluded	\$10 copay	Excluded	\$10 copay	Excluded
Tobacco Cessation Drugs	Covered 100%	Excluded	Covered 100%	Excluded	Covered 100%	Excluded
<b>Employee rates</b>	<b>Per pay period</b>		<b>Per pay period</b>		<b>Per pay period</b>	
Single	No cost		\$22.00		\$54.00	
Single + 1	\$59.00		\$86.00		\$195.00	
Family	\$89.00		\$131.00		\$245.00	

>Home Health Care has a 60 day annual maximum.

>Short Term Rehabilitation has 60 day yearly maximum combined.

>Vision includes an annual eye exam copay (once every 12 months) with no hardware allowance.

**Also includes one-step Rx step therapy program for PPI's, antihyperlipidemics, ACE inhibitors and ARBs.**