

Knox County  
Active Medical Insurance  
Comparison

10/22/2007

Benefits:	Consumer Plan		Silver Traditional PPO		Gold Traditional PPO		Choice Traditional PPO	
	In	Out	In	Out	In	Out	In	Out
PCP Office Visit	80%, deductible	50%, deductible	\$25 copay	60%, deductible	\$25 copay	60%, deductible	\$30 copay	60%, deductible
Specialist Office Visit	80%, deductible	50%, deductible	\$35 copay	60%, deductible	\$35 copay	60%, deductible	\$30 copay	60%, deductible
Preventive Services	100%, unlimited benefits	Excluded	Office visit copay	Excluded	Office visit copay	Excluded	Office visit copay	Excluded
Coinsurance	80%	50%	80%	60%	80%	60%	80%	60%
Individual Deductible	\$1,200	\$2,400.00	\$750	\$1,500	\$250	\$500	N/A	\$300
Family Deductible	\$2,400	\$4,800.00	\$1,500	\$3,000	\$500	\$1,000	N/A	\$600
Individual OOP Max	\$2,400	\$4,800.00	\$2,250	\$4,500	\$1,500	\$3,000	\$1,000	\$2,300
Family OOP Max	\$4,800	\$9,600.00	\$4,500	\$9,000	\$3,000	\$6,000	\$2,000	\$4,600
Deductible Applies to OOP	Yes	Yes	Yes	Yes	Yes	Yes	N/A	Yes
Copays Apply to OOP	No	No	No	No	No	No	No	No
Annual Maximum	Unlimited		Unlimited		Unlimited		\$1,000,000	
Lifetime Maximum	Unlimited		Unlimited		Unlimited		\$5,000,000	
IP Hospital	80%, deductible	50%, deductible	80%, deductible	60%, deductible	80%, deductible	60%, deductible	80%	60%, deductible
OP Surgery/ Services	80%, deductible	50%, deductible	\$250 copay	60%, deductible	80%, deductible	60%, deductible	\$150 copay	60%, deductible
Emergency Room	80%, deductible	50%, deductible	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$100 copay	\$100 copay
Urgent Care	80%, deductible	50%, deductible	\$25/\$35 copay	\$25/\$35 copay	\$25/\$35 copay	\$25/\$35 copay	\$30 copay	50%, deductible
X-Ray / Lab	80%, deductible	50%, deductible	80%, deductible	60%, deductible	80%, deductible	60%, deductible	100%	60%, deductible
MRI, PT, CT Scans	80%, deductible	50%, deductible	80%, deductible	60%, deductible	80%, deductible	60%, deductible	100%	60%, deductible
Home Health Care	80%, deductible	50%, deductible	80%, deductible	60%, deductible	80%, deductible	60%, deductible	80%	60%, deductible
Durable Medical Equipment	80%, deductible	50%, deductible	80%, deductible (\$5,000 annual max)	60%, deductible	80%, deductible (\$5,000 annual max)	60%, deductible	80% (\$5,000 annual max)	60%, deductible
Short Term Rehabilitation	80%, deductible	50%, deductible	\$35 copay	60%, deductible	\$35 copay	60%, deductible	80% (60 day max)	60%, deductible (60 day max)
Speech/ Hearing	80%, deductible	50%, deductible	Included in STR	N/A	Included in STR	N/A	\$30 copay - 20 visits	60%, deductible
Physical/ Occupational	80%, deductible	50%, deductible	Included in STR	N/A	Included in STR	N/A	\$30 copay - 40 visits	60%, deductible
Cardiac Therapies	80%, deductible	50%, deductible	Included in STR	N/A	Included in STR	N/A	\$30 copay - 26 visits	60%, deductible
Rehabilitative Chiropractic	80%, deductible	50%, deductible	Included in STR	N/A	Included in STR	N/A	\$30 copay - 20 visits	60%, deductible
Infertility Treatment	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded
Bariatric Services	80%, deductible,	Excluded	Same as other illness subject to	Excluded	Same as other illness subject to	Excluded	Excluded	Excluded
Routine Foot Care	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded
Retail Rx (30 day supply)	80%, deductible	50%, deductible	10/20/40	Excluded	10/20/40	Excluded	10/20/35	Excluded
Mail Order Rx (90 day supply)	80%, deductible	50%, deductible	20/40/80	Excluded	20/40/80	Excluded	20/40/70	Excluded
Retail Rx Deductible	80%, deductible	50%, deductible	\$100 / \$200	Excluded	\$100 / \$200	Excluded	\$100 / \$200	Excluded
Mail Order Rx Deductible	80%, deductible	50%, deductible	No deductible	Excluded	No deductible	Excluded	No deductible	Excluded

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	In	Out	In	Out	In	Out	In	Out
Mental Health/ Substance Abuse InPatient Hospital	80%, deductible	50%, deductible	\$75 per day	60%, deductible	\$75 per day	60%, deductible	80% (max 20 days)	60%, deductible (max 20 days)
Mental Health/ Substance Abuse OutPatient Hospital	80%, deductible	50%, deductible	\$35 copay	60%, deductible	\$35 copay	60%, deductible	\$30 copay (max. 25 visits)	60%, deductible (max 20 days)
MH/SA Group Therapy	80%, deductible	50%, deductible	\$15 copay	60%, deductible	\$15 copay	60%, deductible	\$30 copay	60%, deductible
SA Outpatient	80%, deductible	50%, deductible	\$15/\$35	60%, deductible	\$15/\$35	60%, deductible	\$30 copay	60%, deductible
Vision Care	Excluded	Excluded	\$10 copay	Excluded	\$10 copay	Excluded	\$30 Copay	Excluded
Tobacco Cessation Drugs	80%, deductible	Excluded	Same as other covered prescriptions	Excluded	Same as other covered prescriptions	Excluded	Excluded	Excluded
<b>Monthly rates (employee)</b>								
Single	\$404.62		\$413.44		\$441.30		\$446.30	
Single + 1	\$818.18		\$842.98		\$937.54		\$957.54	
Family	\$968.10		\$992.98		\$1,087.54		\$1,107.54	

**Notes for Traditional plans:**

Home Health Care has a 60 day annual maximum.  
Durable Medical Equipment has an annual maximum of \$5,000.  
External Prosthetic Appliance has a separate \$200 deductible and an annual maximum of \$1,000.  
Short Term Rehabilitation has 60 day maximum.  
MH/SA IP Hospital also includes deductible and coinsurance with 20 day combined maximum.  
Group Therapy has a 40 visit combined maximum.  
Mental Health Outpatient has an annual maximum visit of 20.  
Substance Abuse Outpatient visits 1 and 2 have a \$15 copay; visits 3-20 have a \$35 copay.  
Vision includes an annual eye exam copay (once every 12 months) with no hardware allowance.  
**Includes a Health Reimbursement Arrangement account to be set up by and funded with incentives from Knox County Government.**

**Notes for Consumer Plan:**

This plan is a Qualified High Deductible Health Plan. It includes a Health Savings Account funded by the employee as well as incentives provided by Knox County Government. This Health Savings Account replaces the Health Reimbursement Arrangement available to employees enrolled in one of the Traditional plans.

**Other items included:**

**No charge for yearly flu shots.**  
**Knox County will supply free pregnancy tests to employees (2 per year per employee).**

Final, 10/22/2007

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