

Knox County Government 2009 Retiree Medical Plans

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	60%, deductible
X-Ray/lab, outpatient hospital	80%, deductible	50%, deductible	80%, deductible	60%, deductible	80%, deductible	60%, deductible	100%	60%, deductible
X-ray/lab, independent facility	80%, deductible	50%, deductible	100%	60%, deductible	100%	60%, deductible	100%	60%, deductible
CAT, MRI and PET Scans	80%, deductible	50%, deductible	80%, deductible	60%, deductible	80%, deductible	60%, deductible	100%	60%, deductible
Mammograms	100%	50%, deductible	100%	60%, deductible	100%	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)	60%, deductible
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 med approval	Excluded	Same as other illness subject to med approval	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
Mental Health/ Substance Abuse InPatient Hospital	80%, deductible	50%, deductible	\$75 per day	60%, deductible	\$75 per day	60%, deductible	80% (max 30 days)	60%, deductible
Mental Health/ Substance Abuse OutPatient Hospital or office visit	80%, deductible	50%, deductible	\$35 copay*	60%, deductible	\$35 copay*	60%, deductible	\$30 copay*	60%, deductible
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	\$20 Copay	Excluded
Tobacco Cessation Drugs	80%, deductible	Excluded	Covered 100%	Excluded	Covered 100%	Excluded	Covered 100%	Excluded
Monthly rates (employee)								
Single	\$404.62		\$413.44		\$441.30		\$446.30	
Single + 1	\$818.10		\$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 30 day combined maximum.
Group Therapy for Substance Abuse has a 40 visit combined maximum.
Substance Abuse Outpatient has an annual maximum visit of 20.
Mental Health Outpatient has no annual maximum on visits.
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.

Notes for Consumer Plan:

This plan is a Qualified High Deductible Health Plan.

Other items included:

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