

SHELBY COUNTY GOVERNMENT MEDICAL PLAN SUMMARY 2020

	HRA CHOICE GOLD				OAPIN SILVER <i>(formerly HMO)</i>		HRA STANDARD BRONZE <i>**Meets Minimum Value and Affordability Compliance</i>			
	In-Network		Out-of-Network		In-Network		In-Network		Out-of-Network	
	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family
Deductible	\$1,650 Individual \$3,300 Employee+1 \$4,950 Family		\$1,650 Individual \$3,300 Employee+1 \$4,950 Family		\$1,000 Individual \$2,500 Family		\$3,000 Individual \$6,000 Employee+1 \$9,000 Family		\$3,000 Individual \$6,000 Employee+1 \$9,000 Family	
Out-of-pocket maximum	\$3,000 Individual \$4,550 Employee+1 \$6,000 Family		\$6,000 Individual \$11,400 Employee+1 \$13,650 Family		\$4,500 Individual \$9,000 Employee+1 \$11,250 Family		\$5,000 Individual \$8,000 Employee+1 \$10,000 Family		\$10,000 Individual \$16,000 Employee+1 \$20,000 Family	
HRA contribution from employer	\$650/Employee \$1,300/Employee+Spouse \$1,300/EE+Child(ren) \$1,950/EE+Family				\$0	\$0	\$650/Employee \$1,300/Employee+Spouse \$1,300/EE+Child(ren) \$1,950/EE+Family			
Coinsurance	10%*		40%*		20%*		20%*		40%*	
Primary Care Physician	10%*		40%*		\$35 copay		20%*		40%*	
Specialist	10%*		40%*		\$50 copay		20%*		40%*	
Preventive Care	No charge		Not covered		No charge		No charge		Not covered	
Inpatient Hospital	10%*		40%*		\$250 copay per admission then 20%*		20%*		40%*	
Outpatient Hospital	10%*		40%*		20%*		20%*		40%*	
Emergency Room	10%*		10%*		\$500 copay per visit* <i>(copay waived if admitted)</i>		20%*		20%*	
Urgent Care	10%*		10%*		\$50 copay per visit*		20%*		20%*	

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- ***After plan deductible**
- **HRA Plans are subject to a collective deductible (the entire amount of the deductible must be met before coinsurance is applied).**
 - ❖ *Any remaining HRA balance transfers to the following year.*
- **OAPIN Silver: No out-of-network benefits available for OAPIN/Silver, except for emergency. Copays are applied to the annual out-of-pocket maximum.**

The terms and provisions of the plan documents are controlling and none of the conditions or limitations are waived or modified by reason of any omission from this summary (every effort has been made to ensure the accuracy of this information. However, if there is a conflict with any plan or benefits policy, the plan policy will always govern).

SHELBY COUNTY GOVERNMENT PHARMACY PLAN SUMMARY 2020

	HRA CHOICE GOLD (EXPRESS SCRIPTS)			OAPIN SILVER (formerly HMO) (EXPRESS SCRIPTS)			HRA STANDARD BRONZE (EXPRESS SCRIPTS)		
In-network	Retail (30-day supply)	Home delivery (90-day supply) Maintenance Drugs	Specialty Drugs (30-day supply) Mandatory Mail Order	Retail (30-day supply)	Home delivery (90-day supply) Maintenance Drugs	Specialty Drugs (30-day supply) Mandatory Mail Order	Retail (30-day supply)	Home delivery (90-day supply) Maintenance Drugs	Specialty Drugs (30-day supply) Mandatory Mail Order
Generic	You pay 20% \$8 min/\$20 max	You pay \$25	You pay \$50	You pay 20% \$8 min/\$20 max	You pay \$25	You pay \$50	You pay 20% \$8 min/\$20 max	You pay \$25	You pay \$50
Preferred brand with Generic Buy-Up	You pay 30% \$40 min/\$100 max	You pay \$75	You pay \$100	You pay 30% \$40 min/\$100 max	You pay \$75	You pay \$100	You pay 30% \$40 min/\$100 max	You pay \$75	You pay \$100
Non-preferred brand	You pay 40% \$80 min/\$120 max	You pay \$150	You pay \$150	You pay 40% \$80 min/\$120 max	You pay \$150	You pay \$150	You pay 40% \$80 min/\$120 max	You pay \$150	You pay \$150
Specialty Drugs (Mandatory Mail Order)	Not covered	Not covered	See copays above	Not covered	Not covered	See copays above	Not covered	Not covered	See copays above

SHELBY COUNTY GOVERNMENT PHARMACY PLAN SUMMARY 2020

- **One ID card for medical and pharmacy benefits.**
- **Home delivery for maintenance drugs (90-day supply) after 3rd retail refill. Copays go towards annual out of pocket maximum.**
- **Pharmacy network includes Express Scripts and Wal-Mart for retail 90 day maintenance drugs.**
- **HRA Plans have a combined deductible for medical and pharmacy. Medical and pharmacy expenses are deducted from the HRA employer contribution account first, then deductible or coinsurance applicable.**
 - ❖ *Any remaining HRA balance transfers to the following year.*
- **Diabetic Supplies: The plan will cover 100% of the cost for prescription diabetic supplies (does not include insulin). Additionally, these items won't be subject to the annual deductible.**

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