

2010 Medical Plan Options						
Rutherford County Employee Benefit Plan						
Employee Classification	Option 1 Monthly Premium Amount		Option 2 Monthly Premium Amount		Option 3 (HRA) Premium Amount	
County General	EE Only	\$84.19	EE Only	\$40.19	EE Only	\$0.00
	EE and Spouse	\$176.80	EE and Spouse	\$84.40	EE and Spouse	\$0.00
	EE and Children	\$155.75	EE and Children	\$74.35	EE and Children	\$0.00
	EE and Family	\$244.15	EE and Family	\$116.54	EE and Family	\$0.00
*Certified	EE Only	\$101.03	EE Only	\$48.23	EE Only	\$0.00
*Classified	EE and Spouse	\$212.15	EE and Spouse	\$101.28	EE and Spouse	\$0.00
	EE and Children	\$186.90	EE and Children	\$89.22	EE and Children	\$0.00
	EE and Family	\$292.98	EE and Family	\$139.85	EE and Family	\$0.00
*Annual premiums are collected over a 10-month pay period						
Benefit	Option 1		Option 2		Option 3 (HRA)	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual Deductible	\$300 per individual \$600 per family	\$500 per individual \$1,000 per family	\$500 per individual \$1,000 per family	\$900 per individual \$1,800 per family	\$1,500 single \$3,000 family (collective)	\$2,500 single \$5,000 family (collective)
Fund	N/A	N/A	N/A	N/A	\$750 single \$1,500 family Fund applies to both in and out-of-network	
Out of Pocket Maximum	\$2,000 per individual \$3,750 per family	\$3,500 per individual \$6,750 per family	\$2,550 per individual \$4,850 per family	\$4,850 per individual \$9,450 per family	\$5,000 single \$10,000 family (collective)	\$10,000 single \$20,000 family (collective)
Physician Office Visit	80% of eligible expenses after deductible	60% of eligible expenses after deductible	80% of eligible expenses after deductible	60% of eligible expenses after deductible	90% of eligible expenses after deductible	60% of eligible expenses after deductible
Lab Work at Physician Office	100% of eligible expenses	60% of eligible expenses after deductible	100% of eligible expenses	60% of eligible expenses after deductible	90% of eligible expenses after deductible	60% of eligible expenses after deductible
Preventive Care	\$20 copay per visit physician or facility for preventive care. Not subject to deductible, no annual maximum	Not covered	\$20 copay per visit physician or facility for preventive care. Not subject to deductible, no annual maximum	Not covered	100% of eligible expenses, no annual maximum	Not covered
CareHere Clinic	100% coverage for all services, supplies and drugs provided by CareHere	Not covered	100% coverage for all services, supplies and drugs provided by CareHere	Not covered	100% coverage for preventive services, \$50 copay for non-preventive services	Not Covered
Prescription Drugs	Generics (participating pharmacy) \$5.00 Copay Generics (CareHere) - 0% Preferred Drugs - 20% Non-Preferred Drugs - 35% Rx OOP Ind. \$1250 Fam. \$2500		Generics (participating pharmacy) \$5.00 Copay Generics (CareHere) - 0% Preferred Drugs - 20% Non-Preferred Drugs - 35% Rx OOP Ind. \$1250 Fam. \$2500		Generics (participating pharmacy) 30% Generics (CareHere) - 0% Preferred Drugs - 40% Non-Preferred Drugs - 50% Fund and Deductibles Apply	
Hospital Care	80% of eligible expenses after deductible	60% of eligible expenses after deductible	80% of eligible expenses after deductible	60% of eligible expenses after deductible	90% of eligible expenses after deductible	60% of eligible expenses after deductible
Emergency Room	\$250 per visit. The copay does not apply to your annual deductible. The copay is waived if admitted. Coinsurance applicable after deductible is met		\$250 per visit. The copay does not apply to your annual deductible. The copay is waived if admitted. Coinsurance applicable after deductible is met		90% of eligible expenses after deductible	60% of eligible expenses after deductible
Ambulance Service	80% of eligible expenses after deductible		80% of eligible expenses after deductible		90% of eligible expenses after deductible	

Benefit	Option 1		Option 2		Option 3 (HRA)	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Mental Health Inpatient	80% of eligible expenses after deductible	60% of eligible expenses after deductible	80% of eligible expenses after deductible	60% of eligible expenses after deductible	90% of eligible expenses after deductible	60% of eligible expenses after deductible
Mental Health Outpatient	80% of eligible expenses after deductible	60% of eligible expenses after deductible	80% of eligible expenses after deductible	60% of eligible expenses after deductible	90% of eligible expenses after deductible	60% of eligible expenses after deductible
Sustance Abuse Outpatient / Inpatient	80% of eligible expenses after deductible	60% of eligible expenses after deductible	80% of eligible expenses after deductible	60% of eligible expenses after deductible	90% of eligible expenses after deductible	60% of eligible expenses after deductible
Physical, Speech, & Occupational Therapy	80% of eligible expenses after deductible	60% of eligible expenses after deductible	80% of eligible expenses after deductible	60% of eligible expenses after deductible	90% of eligible expenses after deductible	60% of eligible expenses after deductible
Chiropractic Care	Limited to 26 visits per year. Maximum payment of \$17.50 per visit. Subject to an annual deductible of \$150		Limited to 26 visits per year. Maximum payment of \$17.50 per visit. Subject to an annual deductible of \$150		90% of eligible expenses after deductible/Limit 26 visits per year	60% of eligible expenses after deductible/Limit 26 visits per year
Maternity Care	80% of eligible expenses after deductible	60% of eligible expenses after deductible	80% of eligible expenses after deductible	60% of eligible expenses after deductible	90% of eligible expenses after deductible	60% of eligible expenses after deductible
Lifetime Maximum	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Pre-Admission Testing	100% of eligible expenses after deductible	60% of eligible expenses after deductible	100% of eligible expenses after deductible	60% of eligible expenses after deductible	90% of eligible expenses after deductible	60% of eligible expenses after deductible
Second Surgical Opinion	100% of eligible expenses	60% of eligible expenses after deductible	100% of eligible expenses	60% of eligible expenses after deductible	90% of eligible expenses after deductible	60% of eligible expenses after deductible
Home Health	100% of eligible expenses	60% of eligible expenses after deductible	100% of eligible expenses	60% of eligible expenses after deductible	100% of eligible expenses	60% of eligible expenses after deductible
Skilled Nursing Facility	80% of eligible expenses after deductible, limited to 100 days	60% of eligible expenses after deductible, limited to 100 days	80% of eligible expenses after deductible, limited to 100 days	60% of eligible expenses after deductible, limited to 100 days	90% of eligible expenses after deductible, limited to 60 days	60% of eligible expenses after deductible, limited to 60 days
Diabetes Training	100% of eligible expenses after deductible, limited to \$125 per session, limited to 2 sessions per lifetime		100% of eligible expenses after deductible, limited to \$125 per session, limited to 2 sessions per lifetime		90% of eligible expenses after deductible, limited to 2 sessions per lifetime	60% of eligible expenses after deductible, limited to 2 sessions per lifetime
Pre-Existing Condition	6 months pre-existing condition exclusion for new enrollees not previously covered under another group immediately prior to joining the County Health Plan. Late enrollees have an 18-month pre-existing condition exclusion.		6 months pre-existing condition exclusion for new enrollees not previously covered under another group immediately prior to joining the County Health Plan. Late enrollees have an 18-month pre-existing condition exclusion.		6 months pre-existing condition exclusion for new enrollees not previously covered under another group immediately prior to joining the County Health Plan. Late enrollees have an 18-month pre-existing condition exclusion.	