

Provision	Shelby County Government 2014 Plans			Shelby County Government 2015 Plans		
	HMO (OAPIN)	HRA Choice	HRA Standard	HMO (OAPIN)	HRA Choice	HRA Standard
Individual Deductible	\$500 per person	\$1,650	\$3,000	\$850 per person	\$1,650	\$3,000
Individual HRA \$	\$0	\$650	\$650	\$0	\$650	\$650
Gap	\$500 per person	\$1,000	\$2,350	\$850 per person	\$1,000	\$2,350
Coinsurance after Deductible	80%/20%	90%/10%	80%/20%	80%/20%	90%/10%	80%/20%
Individual OOP Limit	\$3,000	\$2,250	\$5,000	\$4,500 Single/ \$11,250 Family	\$2,250	\$5,000
Hospital Copay	\$250 + Coin	10% after Ded	20% after Ded	\$250 + Coin	10% after Ded	20% after Ded
ER Copay	\$200	10% after Ded	20% after Ded	\$300	10% after Ded	20% after Ded
PCP Office Visit	\$30	10% after Ded	20% after Ded	\$35	10% after Ded	20% after Ded
Specialist	\$45	10% after Ded	20% after Ded	\$50	10% after Ded	20% after Ded
Urgent Care	\$35	10% after Ded	20% after Ded	\$50	10% after Ded	20% after Ded
Additional Rx Deductible	\$0	\$0	\$0	\$0	\$0	\$0
Generic Rx	20%; \$8min/\$20max	20%; \$8min/\$20max	20%; \$8min/\$20max	20%; \$8min/\$20max	20%; \$8min/\$20max	20%; \$8min/\$20max
Formulary Brand	30%; \$40min/\$70max	30%; \$40min/\$70max	30%; \$40min/\$70max	30%; \$40min/ \$100max	30%; \$40min/ \$100max	30%; \$40min/ \$100max
Non-form. Brand	40%; \$80min/\$120max	40%; \$80min/\$120max	40%; \$80min/\$120max	40%; \$80min/\$120max	40%; \$80min/\$120max	40%; \$80min/\$120max
"Metal Plan"	Gold	Gold	Bronze	Silver	Gold	Bronze
Individual EE Monthly Contribution	\$168	\$159	\$85	\$177	\$167	\$89
Family EE Monthly Contribution	\$345	\$326	\$235	\$363	\$343	\$247
Active Enrollment %	90%	7%	3%	90%	7%	3%

Notes:

1. Above represents in-network benefits only
2. All plans plan 100% for preventive care