

Knox County Government 2017 Medical Plans

Benefits:	Option 1		Option 2		Option 3	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
PCP Office Visit	80%, deductible	50%, deductible	\$35 copay	50%, deductible	\$30 copay	50%, deductible
Specialist Office Visit	80%, deductible	50%, deductible	\$45 copay	50%, deductible	\$40 copay	50%, deductible
Preventive Services	100%, unlimited benefits	Excluded	100%, unlimited benefits	Excluded	100%, unlimited benefits	Excluded
Coinsurance	80%	50%	80%	50%	80%	50%
Individual Deductible	\$2,000	\$6,000	\$1,500	\$4,500	\$500	\$1,500
Family Deductible	\$4,000	\$12,000	\$3,000	\$9,000	\$1,000	\$3,000
Individual OOP Max	\$4,000	\$12,000	\$4,000	\$12,000	\$3,000	\$9,000
Family OOP Max	\$8,000	\$24,000	\$8,000	\$24,000	\$6,000	\$18,000
Deductible Applies to OOP	Yes	Yes	Yes	Yes	Yes	Yes
Copays Apply to OOP	Yes	Yes	Yes	Yes	Yes	Yes
Annual Maximum	Unlimited		Unlimited		Unlimited	
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
IP Hospital	80%, deductible	50%, deductible	80%, deductible	50%, deductible	80%, deductible	50%, deductible
OP Surgery/ Services	80%, deductible	50%, deductible	80%, deductible	50%, deductible	80%, deductible	50%, deductible
Emergency Room	80%, deductible	80%, deductible	\$200 copay, then 80%, deductible	\$200 copay, then 80%, deductible	\$150 copay, then 80%, deductible	\$150 copay, then 80%, deductible
Urgent Care	80%, deductible	80%, deductible	\$20 copay	\$20 copay	\$15 copay	\$15 copay
X-Ray/lab, outpatient hospital	80%, deductible	50%, deductible	100%	50%, deductible	100%	50%, deductible
CAT, MRI and PET Scans, independent facility	80%, deductible	50%, deductible	\$100 copay	50%, deductible	\$100 copay	50%, deductible
CAT, MRI and PET Scans, hospital setting	80%, deductible	50%, deductible	\$125 copay, then 80%, deductible	50%, deductible	\$125 copay, then 80%, deductible	50%, deductible
Mammograms (Except 3D)	100%	50%, deductible	100%	50%, deductible	100%	50%, deductible
Home Health Care	80%, deductible	50%, deductible	80%, deductible	50%, deductible	80%, deductible	50%, deductible
Durable Medical Equipment	80%, deductible	50%, deductible	80%, deductible	50%, deductible	80%, deductible	50%, deductible
Short Term Rehabilitation (STR)	80%, deductible	50%, deductible	\$35 copay	50%, deductible	\$30 copay	50%, deductible (60 day max)
Speech/ Hearing	80%, deductible	50%, deductible	Included in STR	50%, deductible	Included in STR	50%, deductible
Physical/ Occupational	80%, deductible	50%, deductible	Included in STR	50%, deductible	Included in STR	50%, deductible
Cardiac Therapies	80%, deductible	50%, deductible	Included in STR	50%, deductible	Included in STR	50%, deductible
Rehabilitative Chiropractic	80%, deductible	50%, deductible	Included in STR	50%, deductible	Included in STR	50%, deductible
Infertility Treatment	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded
Bariatric Services	Same as other illness subject to med approval	Excluded	Same as other illness subject to med approval	Excluded	Same as other illness subject to med approval	Excluded
Routine Foot Care (When Not Medically Indicated)	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded
Retail Rx (30 day supply)	80%, deductible	Excluded	\$4/40/60/100	Excluded	\$4/40/60/100	Excluded
Mail Order Rx (90 day supply)	80%, deductible	Excluded	\$8/80/120	Excluded	\$8/80/120	Excluded
Retail Rx Deductible	80%, deductible	Excluded	\$100 / \$200	Excluded	\$100 / \$200	Excluded
Mail Order Rx Deductible	80%, deductible	Excluded	No deductible	Excluded	No deductible	Excluded
Specialty Medications	80%, deductible	Excluded	Subject to specialty coinsurance	Excluded	Subject to specialty coinsurance	Excluded
Mental Health/ Substance Abuse InPatient Hospital	80%, deductible	50%, deductible	80%, deductible	50%, deductible	80%, deductible	50%, deductible
Mental Health/ Substance Abuse OutPatient Hospital or office visit	80%, deductible	50%, deductible	\$35 copay	50%, deductible	\$30 copay	50%, deductible
MH/SA Group Therapy	80%, deductible	50%, deductible	\$35 copay	50%, deductible	\$30 copay	50%, deductible
SA Outpatient	80%, deductible	50%, deductible	\$35 copay	50%, deductible	\$30 copay	50%, deductible
Vision Care Discounts (Not insurance)	EyeMed Vision Discount Program available to all Humana Members. See Humana.com for details.					
Tobacco Cessation Drugs	Covered 100%	Excluded	Covered 100%	Excluded	Covered 100%	Excluded

>See plan documents at www.knoxcounty.org/benefits for more information. Should an questions or conflicts arise, the plan documents will be the final authority in determining your benefits.

>Home Health Care has a 60 day annual maximum.

>Short Term Rehabilitation has 60 day yearly maximum combined.