

## Knox County Government 2017 Medical Plans

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

>See plan documents at [www.knoxcounty.org/benefits](http://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.