

**How Much You Will Pay
When You Receive
Health Care**

The following comparison shows how much *you will pay* for services under each of the medical plan options. This should make it easier to compare the options available to you. Please Note: The prescription drug program for the OAPIN (HMO) and the OAP (PPO) is administered by Medco Health Solutions, Inc. THIS COMPARISON SHOWS HOW MUCH YOU PAY UNDER EACH MEDICAL OPTION

Plan Name	CIGNA OAPIN (HMO)	CIGNA OAP (PPO) In-Network	CIGNA OAP (PPO) Out-of-Network
Personal Care Account* (Funds in PCA provide first dollar coverage until spent)	N/A	N/A	N/A
Deductible	N/A	\$300/Individual \$900/Family	\$600/Individual \$900/Family
Annual Out of Pocket Max (includes deductible)	\$500/Individual \$1,000/Family	\$1,800/Individual \$3,900/Family	\$5,600/Individual \$10,900/Family
Lifetime Maximum Benefit	Unlimited	Unlimited	\$500,000
Primary Care Physician Office Visit	\$20	100% up to deductible 15% after deductible	100% up to deductible 35% after deductible
Specialist Office Visit	\$30	100% up to deductible 15% after deductible	100% up to deductible 35% after deductible
OB/GYN Office Visit	\$20	100% up to deductible 15% after deductible	100% up to deductible 35% after deductible
Wellness Exam	\$20	100% up to deductible 15% after deductible	Not Covered
Immunizations	No Charge	100% up to deductible 15% after deductible	Not Covered
Preventative Mammography/Pap Test	No Charge	100% up to deductible 15% after deductible	100% up to deductible 35% after deductible
Preventative Prostate & Colorectal Exam	No Charge	100% up to deductible 15% after deductible	100% up to deductible 35% after deductible
Diagnostic X-Ray & Lab (i.e. mammography, prostate)	5%	100% up to deductible 15% after deductible	100% up to deductible 35% after deductible
Ambulance	5%	100% up to deductible 20% after deductible	100% up to deductible 20% after deductible
Maternity	\$20 first visit, then 5%	100% up to deductible 15% after deductible	100% up to deductible 35% after deductible
Inpatient Hospital (unlimited days)	\$150 per confinement, then 5%	\$150 per confinement, then 100% up to deductible; 15% after deductible	\$150 per confinement, then 100% up to deductible; 35% after deductible
Physician In-Hospital Services	5%	100% up to deductible 15% after deductible	100% up to deductible 35% after deductible
Urgent Care Facility	\$30	100% up to deductible 15% after deductible	100% up to deductible 35% after deductible
Outpatient Hospital	5%	100% up to deductible 15% after deductible	100% up to deductible 35% after deductible
Emergency Room	\$100 copay (waived if admitted)	\$100 copay (waived if admitted), then 100% up to deductible; 15% after deductible	\$100 copay (waived if admitted), then 100% up to deductible; 35% after deductible
Skilled Nursing Facility	5% (Maximum of 70 days per calendar year)	100% up to deductible; 15% after deductible Combined max. of 70 days per calendar year	100% up to deductible; 35% after deductible Combined max. of 70 days per calendar year
Home Health Care	No Charge (Maximum of 100 days per calendar year)	100% up to deductible; 15% after deductible; precertification required	100% up to deductible; 35% after deductible; precertification required
Rehabilitation Services (Physical, Speech, Occupational Therapies, etc.)	\$25 (Maximum of 60 days per calendar year)	100% up to deductible 15% after deductible	100% up to deductible 35% after deductible
Durable Medical Equipment	No Charge	100% up to deductible 15% after deductible	100% up to deductible 35% after deductible
External Prosthetic Appliance	\$200 deductible per calendar year, then no charge (Maximum of \$1,000 per calendar year)	100% up to deductible 15% after deductible	100% up to deductible 35% after deductible
Precertification	Required. Physician Initiated	Required. Physician Initiated	Required. You must initiate. \$500 per admission penalty.
Prescription Drug Benefits (Rx) (Rx for OAPIN (HMO) and OAP (PPO) Plans administered by Medco Health Solutions, Inc.)	MEDCO Retail (30-day supply): Generic: \$10 Formulary Brand: \$25 with generic buy-up Non-Formulary Brand: \$55 Mail Order (90-day supply): Generic \$20 Formulary Brand: \$50 Non-Formulary Brand: \$110 Specialty Drugs: Mandatory Mail Order \$50	MEDCO \$150 Prescription Drug Deductible, then Retail (30-day supply): Generic: 20%; Formulary Brand: 20% with generic buy-up; Non-Formulary Brand: 40% Mail Order (90-day supply): Generic \$20; Formulary Brand: \$50; Non-Formulary Brand: \$110 Specialty Drugs: Mandatory Mail Order \$50	

MENTAL HEALTH AND SUBSTANCE ABUSE COVERAGE EMPLOYEE ASSISTANCE PROGRAM (EAP)

This is a separate Plan for all participants in any Shelby County Medical Coverage Plan - no mental health or substance abuse coverage will be provided through the CIGNA OAPIN or the CIGNA PPO plans.

If you have been employed by Shelby County for at least six months and you are enrolled in a Shelby County Medical Plan, you are eligible for the Mental Health and Substance Abuse Plan. If you have family coverage and your enrolled dependent has been covered for six consecutive months, that dependent is also covered.

For any benefits to be paid, treatment must be coordinated in advance through the County's Employee Assistance Program (EAP). EAP phone (901) 458-0966 (after-hours pager (901) 728-9810).

There is no charge and no limit for outpatient treatment provided by the Shelby County EAP Mental Health Specialists. If more care is approved by the EAP, benefits are paid as shown under "Additional Outpatient Care."



SHELBY COUNTY GOVERNMENT

MEDICAL BENEFITS SUMMARY RETIREES

Your choice of providers	When you use an EAP Preferred Provider	When you use any other qualified provider and have EAP signed approval
Plan Pays	Plan pays 100%	Plan pays 50% of eligible expenses within U & C cost limits.
Inpatient Care	<p>Mental Illness treatment is limited to 30 days of care in a calendar year.</p> <p>Substance abuse treatment is limited to 30 days of care in a calendar year - and limited to one treatment series per year and two treatment series within any five-year period. Adolescents and children may, in special circumstances, receive an additional 30 days of residential care.</p> <p>There is a \$150 admission charge for each diagnosis if not through EAP Preferred Provider.</p>	
Additional Outpatient Care	<ul style="list-style-type: none"> • You pay \$10 per visit when using an EAP Preferred Provider (does not apply to Retirees with Part B Medicare). • Mental illness treatment is limited 26 visits each calendar year. • Substance abuse treatment is limited to a calendar year benefit of \$1,500 - with additional \$1,500 calendar year benefit if you use an EAP Preferred Provider (a \$3,000 benefit if you use only an EAP Preferred Provider). No benefit paid if treatment series not completed. 	

Per-visit charges and hospitalization admission charges under the Mental Health and Substance Abuse Coverage Plan do not apply toward any medical plan deductibles or out-of-pocket limits.

Must provide proof of enrollment for dependents age 19 to 25. It is the employee's responsibility to notify Shelby County Government Employee Benefits of ineligible dependents.

Pre-existing Condition Clause - Once an enrolled person has been in a health plan through Shelby County Government for a continuous 12 month period (contributions must have been paid for each of the twelve months), the pre-existing condition stipulation in the CIGNA Health Care Plan is no longer applicable.

COVERAGE EFFECTIVE JULY 1, 2008

The benefits of these plans are described in the plan documents with Shelby County Government. 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 comparison.

Revised July 1, 2008