

SHELBY COUNTY GOVERNMENT MEDICAL PLAN SUMMARY

	HRA CHOICE GOLD				OAPIN SILVER		HRA STANDARD BRONZE <i>**Meets Minimum Value and Affordability Compliance</i>			
	In-Network		Out-of-Network		In-Network		In-Network		Out-of-Network	
	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family
Deductible	\$1,650 Individual \$3,300 Employee+1 \$4,950 Family		\$1,650 Individual \$3,300 Employee+1 \$4,950 Family		\$1,000 Individual \$2,500 Family		\$3,000 Individual \$6,000 Employee+1 \$9,000 Family		\$3,000 Individual \$6,000 Employee+1 \$9,000 Family	
Out-of-pocket maximum	\$3,000 Individual \$4,550 Employee+1 \$6,000 Family		\$6,000 Individual \$11,400 Employee+1 \$13,650 Family		\$4,500 Individual \$9,000 Employee+1 \$11,250 Family		\$5,000 Individual \$8,000 Employee+1 \$10,000 Family		\$10,000 Individual \$16,000 Employee+1 \$20,000 Family	
HRA contribution from employer	\$650/Employee \$1,300/Employee+Spouse \$1,300/EE+Child(ren) \$1,950/EE+Family				\$0	\$0	\$650/Employee \$1,300/Employee+Spouse \$1,300/EE+Child(ren) \$1,950/EE+Family			
Coinsurance	10%*		40%*		20%*		20%*		40%*	
Primary Care Physician	10%*		40%*		\$35 copay per visit		20%*		40%*	
Specialist	10%*		40%*		\$50 copay per visit		20%*		40%*	
Preventive Care	No charge		Not covered		No charge		No charge		Not covered	
Inpatient Hospital	10%*		40%*		\$250 copay per admission then 20%*		20%*		40%*	
Outpatient Hospital	10%*		40%*		20%*		20%*		40%*	
Emergency Room	10%*		10%*		\$500 copay per visit* <i>(copay waived if admitted)</i>		20%*		20%*	
Urgent Care	10%*		10%*		\$50 copay per visit*		20%*		20%*	

SHELBY COUNTY GOVERNMENT PHARMACY PLAN SUMMARY

Express Scripts is the pharmacy vendor for ALL Shelby County Government's Health Plans. You will have one I.D. card for medical and prescription drug coverage. For more information, visit www.express-scripts.com or call Express Scripts Member Services at 1-800-711-0917. *Note: Effective January 1, 2023, Kroger Pharmacy no longer participate in the Express Scripts, Inc. network.*

	HRA CHOICE GOLD (EXPRESS SCRIPTS)			OAPIN SILVER (EXPRESS SCRIPTS)			HRA STANDARD BRONZE (EXPRESS SCRIPTS)		
In-network	Retail (30-day supply)	Home delivery (90-day supply) Maintenance Drugs	Specialty Drugs (30-day supply) Mandatory Mail Order	Retail (30-day supply)	Home delivery (90-day supply) Maintenance Drugs	Specialty Drugs (30-day supply) Mandatory Mail Order	Retail (30-day supply)	Home delivery (90-day supply) Maintenance Drugs	Specialty Drugs (30-day supply) Mandatory Mail Order
Generic	You pay 20% \$8 min/\$20 max	You pay \$25	You pay \$50	You pay 20% \$8 min/\$20 max	You pay \$25	You pay \$50	You pay 20% \$8 min/\$20 max	You pay \$25	You pay \$50
Preferred brand with Generic Buy-Up	You pay 30% \$40 min/\$100 max	You pay \$75	You pay \$100	You pay 30% \$40 min/\$100 max	You pay \$75	You pay \$100	You pay 30% \$40 min/\$100 max	You pay \$75	You pay \$100
Non- preferred brand	You pay 40% \$80 min/\$120 max	You pay \$150	You pay \$150	You pay 40% \$80 min/\$120 max	You pay \$150	You pay \$150	You pay 40% \$80 min/\$120 max	You pay \$150	You pay \$150
Specialty Drugs (Mandatory Mail Order)	Not covered	Not covered	See copays above	Not covered	Not covered	See copays above	Not covered	Not covered	See copays above