

# ELIGIBLE DEPENDENTS & REQUIRED PROOF OF RELATIONSHIP

*Electing family coverage under CIGNA CHOICE HRA GOLD, CIGNA OAPIN SILVER, CIGNA STANDARD HRA BRONZE, CIGNA DENTAL, and DAVIS VISION plans require proof of relationship documents for eligible spouse and each dependent insured. Must have correct social security numbers and dates of birth, due to Affordable Care Act reporting.*

## SPOUSE

- Copy of the Marriage Certificate (State issued)  
**Plus one form of Proof of Joint Ownership**  
*(must be dated no later than 90 days prior to your effective hire date)*
- **Employee's 2021 Federal Tax Return:** Acceptable Documentation: Includes Forms 1040, 1040A and 1040EZ (both pages required). Page 2 must include signatures or an e-file confirmation number.
- **Your joint mortgage statement:** listing both you and your spouse, matching the address in the Shelby County HRMS payroll system you have on file.
- **Your joint banking statement or utility bill:** listing both you and your spouse, matching the address in the Shelby County HRMS payroll system you have on file.
- **Your current lease agreement:** listing both you and your spouse, including the signature page and matching the address in the Shelby County HRMS payroll system you have on file.
- **If no joint documentation,** must submit any of the above in employee's and spouse's name shown separately at same address.

## SPOUSAL CARVE OUT

***If an employee's spouse is eligible for health coverage under his/her employer sponsored plan, the spouse is NOT eligible for coverage under the County's medical plan. Annually, employee will attest to whether their spouse is eligible for health coverage when enrolling in benefits.***

## Child(ren)

- **Biological Child(ren):** Copy of certified birth certificate  
(Mother's copy accepted only within 30 days of birth or birth record showing employee as parent.)

**If custodial parent is not listed on the birth certificate, you will have to provide the following:**

- **Adopted Child(ren):** Court approved adoption order or placement order; or modified birth certificate: Motion for Order of Guardianship obtained from Chancery Court, or Placement Order, or Final Adoption Decree.
- **Legal Custody & Guardianship:** Copies of Legal Custody and Guardianship papers issued by the court signed by the Judge. (Custody and Guardianship are both required.) Copy of Legitimate Order from Juvenile Court signed by the Judge *(if father's name is not listed on birth certificate.)*
- **Stepchild(ren):** Copy of birth certificate showing spouse as parent required.
- Certified copy of the birth certificate and/or other pertinent documentation to establish eligibility to enroll on the health plan.
- **The Affordable Care Act** requires employer plans to offer coverage to dependent children until age 26. Both married and unmarried children qualify for this coverage, living or not living with parent.

# SHELBY COUNTY GOVERNMENT MEDICAL PLAN SUMMARY 2022

	<b>HRA CHOICE GOLD</b>				<b>OAPIN SILVER</b>		<b>HRA STANDARD BRONZE</b> <i>**Meets Minimum Value and Affordability Compliance</i>			
	<b>In-Network</b>		<b>Out-of-Network</b>		<b>In-Network</b>		<b>In-Network</b>		<b>Out-of-Network</b>	
	<b>Single</b>	<b>Family</b>	<b>Single</b>	<b>Family</b>	<b>Single</b>	<b>Family</b>	<b>Single</b>	<b>Family</b>	<b>Single</b>	<b>Family</b>
<b>Deductible</b>	\$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	
<b>Out-of-pocket maximum</b>	\$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	
<b>HRA contribution from employer</b>	\$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			
<b>Coinsurance</b>	10%*		40%*		20%*		20%*		40%*	
<b>Primary Care Physician</b>	10%*		40%*		\$35 copay per visit		20%*		40%*	
<b>Specialist</b>	10%*		40%*		\$50 copay per visit		20%*		40%*	
<b>Preventive Care</b>	No charge		Not covered		No charge		No charge		Not covered	
<b>Inpatient Hospital</b>	10%*		40%*		\$250 copay per admission then 20%*		20%*		40%*	
<b>Outpatient Hospital</b>	10%*		40%*		20%*		20%*		40%*	
<b>Emergency Room</b>	10%*		10%*		\$500 copay per visit* <i>(copay waived if admitted)</i>		20%*		20%*	
<b>Urgent Care</b>	10%*		10%*		\$50 copay per visit*		20%*		20%*	

# SHELBY COUNTY GOVERNMENT PHARMACY PLAN SUMMARY (Effective 7/1/2022)

	HRA CHOICE GOLD (EXPRESS SCRIPTS)			OAPIN SILVER (EXPRESS SCRIPTS)			HRA STANDARD BRONZE (EXPRESS SCRIPTS)		
In-network	Retail (30-day supply)	90-day supply Maintenance Drugs	Specialty Drugs (30-day supply)	Retail (30-day supply)	90-day supply Maintenance Drugs	Specialty Drugs (30-day supply)	Retail (30-day supply)	90-day supply Maintenance Drugs	Specialty Drugs (30-day supply)
<b>Generic</b>	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
<b>Preferred brand with Generic Buy-Up</b>	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
<b>Non-preferred brand</b>	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
<b>Specialty Drugs</b>	Not covered	Not covered	See copays above	Not covered	Not covered	See copays above	Not covered	Not covered	See copays above

## HEALTHCARE INSURANCE

### SHELBY COUNTY GOVERNMENT

- *Shelby County Government contributes approximately 70% for employee healthcare coverage.*
- *Health insurance is effective the first date of employment.*

### Employee

- *It's the employee's responsibility to maintain health insurance.*
- *It is the employees responsibility to provide all required documentation to Winston Benefits.*
- *Employee's contribute approximately 30% for health insurance coverage.*

### In-Network Hospitals

The following hospitals are in-network for all plans:

- *Methodist Hospitals*
- *St. Francis Hospitals*
- *Regional One Hospital*
- *Lebonheur Hospital*

**Baptist Hospitals are Out of Network**

### Additional Medical Coverage Benefits

- *CIGNA'S 24 Hour Nurse Line – 1-800-244-6224*
- TeleHealth-MD Live-1-888-726-3171*
- *MDLIVEforCigna.com (Website)*
  - *ECC(Employee Care Clinic)- 901-472-4190*
  - *Convenience Care Clinics (i.e., Kroger's Little Clinics, Walgreen's Take Care Clinics, etc.)*

## SHELBY COUNTY GOVERNMENT MEDICAL/PHARMACY SUMMARY 2022

- **CIGNA(HRA CHOICE GOLD, OAPIN SILVER, STANDARD BRONZE)**
  - **HRA Plans(Gold/Bronze)** are subject to a collective deductible The entire amount of the deductible must be met before coinsurance is applied.
  - **OAPIN Silver Plan:** No out of network benefits available except for emergencies.
  - **HRA Plan(Gold/Bronze)** have a combined deductible for medical and pharmacy. Medical and pharmacy expenses are deducted from the HRA employer contribution first, then deductible and coinsurance is applied.
  - CIGNA mails one I.D card for medical and pharmacy coverage.
- **Express Scripts Prescription(Drug Coverage)**
  - See 2022 Shelby County Government Pharmacy Plan Summary for details.
  - **Diabetic Supplies-The plan will cover the cost for prescription diabetic supplies(excludes insulin).** These items are not subject to the annual deductible.
  - Every effort has been made to ensure the accuracy of this information. However, if there is a conflict with any plan or benefits policy, the plan will always govern.