

# Taking Steps Toward Better Health

2016 Annual Enrollment



## 2016 Retiree Medical Plan Side-by-Side Comparison

	Blue Open Access POS  <a href="http://www.bcbsga.com">www.bcbsga.com</a>		Blue Open Access HMO  <a href="http://www.bcbsga.com">www.bcbsga.com</a>		Kaiser Permanente HMO  <a href="http://www.kp.org/ga/cobb">www.kp.org/ga/cobb</a>		
<b>BENEFIT FEATURES</b>	<b>IN-NETWORK</b>	<b>NON-NETWORK</b>	<b>NETWORK ONLY</b>		<b>NETWORK ONLY</b>		
Annual Deductible ( <i>per individual/family</i> )	\$500/\$1,500	\$750/\$2,250	\$200/\$600		\$200/\$600		
Coinsurance (you pay)	20%	40%	10%		10%		
Medical Out-of-Pocket Maximum ( <i>Annual</i> )	\$2,500 single \$5,500 family	\$4,750 single \$14,250 family	\$1,700 single \$5,100 family		\$1,700 single \$5,100 family		
Rx Out-of-Pocket Maximum ( <i>Annual</i> )	\$3,600 single/ \$7,200 family		\$3,600 single/\$7,200 family		N/A		
Copay(s):							
Office Visit (pcp/specialist)	\$35/\$40	N/A	\$35/\$40		\$35/\$40		
Inpatient Admission/Outpatient surgery	\$300	\$300	\$300		\$300		
Emergency Room	\$150	\$150	\$150		\$200		
Vision Exam	N/A	N/A	N/A		\$35		
PCP Required	No	N/A	No		Yes		
Specialist Referral Required	No	N/A	No		Yes		
<b>PHARMACY COPAYS</b>	<b>Cigna Rx</b> <a href="http://www.myCigna.com">www.myCigna.com</a>		<b>Cigna Rx</b> <a href="http://www.myCigna.com">www.myCigna.com</a>		<b>KAISER PHARMACY</b> <a href="http://www.kp.org/cobb">www.kp.org/cobb</a>		
	RETAIL	MAIL ORDER 90-day supply	RETAIL	MAIL ORDER 90-day supply	Kaiser Facility	Retail	Mail Order 90-day supply
Generic	\$15	\$30	\$15	\$30	\$15	\$25	\$30
Brand Formulary	\$35	\$87.50	\$35	\$87.50	\$35	\$45	\$70
Brand Non-Formulary/Specialty	\$55	\$137.50	\$55	\$137.50	N/A	N/A	N/A
<b>2016 MONTHLY PREMIUMS</b>	Employer	Retiree	Employer	Retiree	Employer	Retiree	
<b>Surcharge if applicable:</b> tobacco\$75.83/Spouse \$100*							
Single	\$632.95	\$129.46	\$565.76	\$56.38	\$460.33	\$29.79	
Single + spouse	\$1,176.05	\$348.77	\$1,052.94	\$191.34	\$839.87	\$140.38	
Single + child(ren)	\$1,117.26	\$331.33	\$1,000.29	\$181.78	\$797.85	\$133.36	
Family	\$1,645.54	\$489.21	\$1,472.75	\$269.25	\$1,175.79	\$196.50	

\*Retiree elects spouse coverage but spouse has other coverage available to them.

\*Network pharmacy limited to 1<sup>st</sup> fill only

# Blue Open Access HRA

## How it works:

Health Reimbursement Account (HRA) - Benefit dollars are provided each year by the HRA funded by Cobb County.

Coverage Level	HRA Dollars	Employee Pays (Out of Pocket Funds)	CDHP Deductible
Single	\$500	\$1,000	\$1,500
Single + Spouse	\$750	\$1,250	\$2,000
Single + Child(ren)	\$750	\$1,250	\$2,000
Family	\$1,000	\$1,500	\$2,500

**1** First, HRA Dollars, \$500; \$750; or \$1,000; funded by Cobb County for full cost of prescriptions, doctor's visits, radiology, lab work, etc.

**2** Next \$1,000; \$1,250; or \$1,500 is paid by the employee for full cost of prescriptions, doctor's visits, lab work, etc. toward meeting the \$1,500; \$2,000; or \$2,500 CDHP deductible.

If enrolled in the Flexible Spending Account, FSA funds can be used to pay these costs if money has been set aside for the Plan Year.

Unused HRA funds roll over year-to-year to help offset future out-of-pocket costs.

**3** After the deductible has been met by a member or members of the family, traditional health coverage will be covered by the Open Access POS Plan.

## Blue Open Access HRA

[www.bcbsga.com](http://www.bcbsga.com)

BENEFIT FEATURES	IN-NETWORK	NON-NETWORK
Office Visit Coinsurance (you pay)	20%	40%
Out-of-Pocket Maximum (Annual)	\$3,000 single \$3,500 single+spouse \$3,500 single+child(ren) \$5,500 family	\$3,500 single \$5,000 single+spouse \$5,000 single+child(ren) \$7,500 family
Rx Out-of-Pocket Maximum	\$3,600 single/\$7,200 family	
PCP Required	No	N/A
Specialist Referral Required	No	N/A

## PHARMACY COPAYS

### Cigna Rx

	RETAIL	MAIL ORDER 90-day supply
Generic	\$15	\$30.00
Brand Formulary	\$35	\$87.50
Brand Non-Formulary	\$55	\$137.50

## 2016 BI-WEEKLY PREMIUMS

Surcharge if applicable: tobacco \$75.83/Spouse \$100*	Employer	Retiree
Single	\$585.52	\$37.20
Single + spouse	\$1,087.21	\$158.19
Single + child(ren)	\$1,032.85	\$150.28
Family	\$1,520.61	\$222.95

\*Retiree elects spouse coverage but spouse has other coverage available to them.