

HEALTH PROTECTION

Medical

Nothing is more important than your good health. To help you maintain your health and wellbeing, Shelby County Government offers three Medical plan options. Each plan offers the same types of services; however, they differ in premiums and out-of-pocket costs. The following hospitals are in-network for all Shelby County Health Care plans:

- Methodist Hospitals
- St. Francis Hospitals
- Regional One Health
- 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**
- ECC (Employee Care Clinic): **1-901-472-4190**
- Convenience Care Clinics (i.e., Kroger's Little Clinics, Walgreen's Take Care Clinics, etc.)

Medical Comparison Chart

	HRA Choice (Gold)				OAPIN (Silver)		HRA Standard (Bronze) Meets Minimum Value and Affordability Compliance			
	In-Network		Out-of-Network		In-Network		In-Network		Out-of-Network	
	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family
Deductible (See chart below)	\$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	
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* (copay waived if admitted)		20%*		20%*	
Urgent Care	10%*		10%*		\$50 copay per visit*		20%*		20%*	

*After plan deductible



How Does the HRA Deductible Work?

HRA Choice (Gold) Contribution		
Single	Individual Deductible	\$1,650
	HRA County Contribution*	(\$650)
	Net Employee Deductible (What you owe)	\$1,000
Employee +1 (Spouse/Child)	Employee +1 Deductible	\$3,300
	HRA County Contribution*	(\$1,300)
	Net Employee Deductible (What you owe)	\$2,000
Family (Spouse and Children)	Family Deductible	\$4,950
	HRA County Contribution*	(\$1,950)
	Net Employee Deductible (What you owe)	\$3,000

HRA Standard (Bronze) Contribution*		
Single	Individual Deductible	\$3,000
	HRA County Contribution*	(\$650)
	Net Employee Deductible (What you owe)	\$2,350
Employee +1 (Spouse/Child)	Employee +1 Deductible	\$6,000
	HRA County Contribution*	(\$1,300)
	Net Employee Deductible (What you owe)	\$4,700
Family (Spouse and Children)	Family Deductible	\$9,000
	HRA County Contribution*	(\$1,950)
	Net Employee Deductible (What you owe)	\$7,050

* County will pay its HRA contribution first. Any remaining HRA contributions at year end will carry over to the next year.

IMPORTANT!

HRA Plans are subject to a collective deductible (the entire amount of the deductible must be met before coinsurance is applied).

Preferred Providers Dialysis Treatment

Shelby County Government partners with HealthChoice to assist patients with Chronic Kidney Disease.

The health care coverage for dialysis treatment is:

- 100% coverage for In-Network dialysis centers (Methodist and Satellite centers only).
- 0% coverage for Out-of-Network dialysis centers.

This plan design applies to all health care plans.

For information, call HealthChoice at 1-901-821-6736, Monday – Friday from 7:00 a.m. to 3:00 p.m.

To access a list of In-Network Dialysis Treatment Facilities, log in to www.ShelbyCountyBenefits.com and click the "Forms" tab.

Premium Deductions

All changes made during the 2023 Open Enrollment are effective January 1, 2024 and remain in effect until the end of the plan year, December 31, 2024. **Listed below are the premiums for 2024.** Please refer to the premiums/rates for the benefit programs in which you are enrolled to determine your correct deduction. You must notify the Employee Benefits Office immediately after your first paycheck in January if you believe your premium deductions are incorrect. **There are no premium changes for the 2024 plan year.**

Semi-Monthly Medical Plan Premiums

	Wellness Premium			Non-Wellness Premium (wellness requirements not met)		
	HRA Choice (Gold)	OAPIN (Silver)	HRA Standard (Bronze)	HRA Choice (Gold)	OAPIN (Silver)	HRA Standard (Bronze)
Employee	\$90.58	\$96.18	\$47.96	\$140.58	\$146.18	\$97.96
Employee + Spouse	\$190.21	\$201.97	\$137.60	\$240.21	\$251.97	\$187.60
Employee + Child(ren)	\$167.57	\$177.93	\$125.53	\$217.57	\$227.93	\$175.53
Family	\$203.80	\$216.40	\$154.50	\$253.80	\$266.40	\$204.50

Pharmacy

Express Scripts is the pharmacy vendor for ALL Shelby County's health care plans. You will have one I.D. card for medical and prescription drug service. You will only receive a new I.D. card if you change your medical plan. For more information, visit www.express-scripts.com or call Express Scripts Member Services at 1-800-711-0917.

Keep in mind when you elect a Medical plan, you'll automatically be enrolled in prescription drug coverage. This coverage allows you to fill prescriptions at your local pharmacy or through the Express Scripts home delivery program, which can save you money. All three plans include the following prescription benefits:

	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)
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	Not covered	Not covered	See copays above	Not covered	Not covered	See copays above	Not covered	Not covered	See copays above

If a brand name drug is requested and a generic drug is available, the member will pay the difference between the brand and the generic prescription.

Home Delivery (90-Day Supply) Maintenance Medications

Mandatory mail order for maintenance medication is required for all plans. The mail order copay applies on the fourth retail fill. If you do not move to Express Scripts mail order Pharmacy, you will receive a 30-day supply, not a 90-day supply, at retail.

A specialty drug network, the Specialty Precision Network, through Express Scripts, Inc., is available to all employees. Specialty networks usually deliver more personalized patient care, improved adherence, and healthier outcomes to patients. This network is for specialty drugs. Below are the specialty networks available:

First Choice Home Infusion

600 Commons Drive
Gallatin, TN 37066
1-866-665-3244

Accredo

1620 Century Center Parkway
Memphis TN 38134-3838
1-800-803-2523

For additional updates on specialty accredited pharmacies, please use the Express Scripts mobile app, website, or contact Customer Service at 1-800-988-2285.

COVID-19 Information

With the expiration of the U.S. Public Health Emergency Act on May 11, 2023, Shelby County employees will begin paying the applicable copay for COVID related medical services and test kits effective January 1, 2024. Employees may continue to order free COVID supplies through December 31, 2023 from Express Scripts.