

HEALTH PROTECTION

Standard Plan Summary

Retiree Plan Offering	2024 Standard Plan Benefits	
	In-Network	Out-of-Network
Plan Benefit	Retiree Cost-Share	
Method of Coordination or Integration with Medicare	Not Applicable for Medicare Advantage Plan	
Plan Deductible	\$450	\$450
Member Coinsurance	20%	20%
Hospital - Inpatient*	18%	18%
Hospital - Mental Health*	15%	15%
Annual Maximum OOP Limit	\$3,400	\$3,400
PCP	20%	20%
PCP After Hours	20%	20%
Specialty Care		
Office Visits	20%	20%
X-Rays	20%	20%
Lab Tests	20%	20%
Complex Radiology (includes CAT/PET/MRI)	20%	20%
Therapy (Physical, Occupational and Speech)	20%	20%
Home Health Services	\$0	\$0
Durable Medical Equipment	20%	20%
Prosthetic Devices	20%	20%
Part B Prescriptions	\$0	\$0
Outpatient Surgery	20%	20%
Skilled Nursing (100 days per benefit period)	100% after combined annual deductible for days 1 - 20; 80% after combined annual deductible for days 21 - 100	100% after combined annual deductible for days 1 - 20; 80% after combined annual deductible for days 21 - 100
Urgent Care	\$50	\$50
ER (Waived if admitted)	\$65	\$65
Foreign Travel Emergency	\$65	\$65
Ambulance	20%	20%
Preventive Care		
Routine Physical	\$0	\$0
Routine Eye Exam	\$0	\$0
Routine GYN Exam	\$0	\$0
Routine Mammogram	\$0	\$0
Bone Mass Measurement	\$0	\$0
Colorectal Screening Exams	\$0	\$0
Prostate Cancer Screening	\$0	\$0
Annual Wellness Exam	\$0	\$0
Immunizations (Pneumonia, Flu and Hepatitis B)	\$0	\$0
Routine Hearing Exam	\$0	\$0
Diabetic Eye Exam	\$0	\$0
Chiropractic (Medicare Covered Only)	\$20	\$20
Mental Health		
Inpatient (Unlimited Days)	20%	20%
OP Mental Health	20%	20%
Inpatient Substance Abuse	20%	20%
OP Substance Abuse	20%	20%

*New coinsurance percentage

Standard Plan Summary

Retiree Plan Offering	2024 Standard Plan Benefits	
	In-Network	Out-of-Network
Plan Benefit	Retiree Cost-Share	
Added Benefits		
Meals	Covers up to 2 meals per day for 14 days following an inpatient stay	
Hearing Aid Reimbursement	\$500 maximum benefit, up to 2 hearing aids every 3 years	
Transportation (Non-emergency)	36 one-way trips per year (not to exceed 50 miles per trip)	
Fitness Membership	SilverSneakers	
Prescription Drug Program	Standard Pharmacy Plan	
Deductible	\$0	
Tier 1 Generic	\$10 Retail / \$20 MOD	
Tier 2 Preferred Brand	\$40 Retail / \$80 MOD	
Tier 3 Non-Preferred Brand	\$75 Retail / \$150 MOD	
Tier 4 Specialty	\$90 retail / Limited to one-month supply (retail or mail)	
Catastrophic Coverage	0% copays or coinsurance are not applicable.	



Premium Plan Summary

Retiree Plan Offering	2024 Premium Plan Benefits	
	In-Network	Out-of-Network
Plan Benefit	Retiree Cost-Share	
Method of Coordination or Integration with Medicare	Not Applicable for Medicare Advantage Plan	
Plan Deductible	\$1,000	\$1,000
Member Coinsurance	0%	0%
Annual Maximum OOP Limit	\$6,700	\$6,700
PCP	0%	0%
PCP After Hours	0%	0%
Specialty Care		
Office Visits	0%	0%
X-Rays	0%	0%
Lab Tests	0%	0%
Complex Radiology (includes CAT/PET/MRI)	0%	0%
Therapy (Physical, Occupational, and Speech)	0%	0%
Home Health Services	0%	0%
Durable Medical Equipment	0%	0%
Prosthetic Devices	0%	0%
Part B Prescriptions	0%	0%
Outpatient Surgery	0%	0%
Skilled Nursing (100 days per benefit period)	0%	0%
Urgent Care	0%	0%
Hospital Admission	\$250 per day 1-5	\$250 per day 1-5
ER (Waived if admitted)	0%	0%
Foreign Travel Emergency	0%	0%



Premium Plan Summary

Retiree Plan Offering	2024 Premium Plan Benefits	
	In-Network	Out-of-Network
Plan Benefit	Retiree Cost-Share	
Preventive Care		
Routine Physical	\$0	\$0
Routine Eye Exam	\$0	\$0
Routine GYN Exam	\$0	\$0
Routine Mammogram	\$0	\$0
Bone Mass Measurement	\$0	\$0
Colorectal Screening Exams	\$0	\$0
Prostate Cancer Screening	\$0	\$0
Annual Wellness Exam	\$0	\$0
Immunizations (Pneumonia, Flu and Hepatitis B)	\$0	\$0
Routine Hearing Exam	\$0	\$0
Diabetic Eye Exam	\$0	\$0
Chiropractic (<i>Medicare Covered Only</i>)	\$0	\$0
Mental Health		
Inpatient (<i>Unlimited Days</i>)	\$250 per day 1-5	\$250 per day 1-5
OP Mental Health	\$250 per day 1-5	\$250 per day 1-5
Inpatient Substance Abuse	\$250 per day 1-5	\$250 per day 1-5
OP Substance Abuse	\$250 per day 1-5	\$250 per day 1-5
Added Benefits		
Meals	Covers up to 2 meals per day for 14 days following an inpatient stay	
Hearing Aid Reimbursement	\$500 maximum benefit, up to 2 hearing aids every 3 years	
Transportation (Non-emergency)	36 one-way trips per year (not to exceed 50 miles per trip)	
Fitness Membership	SilverSneakers	
Prescription Drug Program	Premium Pharmacy Plan	
Deductible	\$0	
Tier 1 Generic	\$10 Retail / \$20 MOD	
Tier 2 Preferred Brand	\$40 Retail / \$80 MOD	
Tier 3 Non-Preferred Brand	\$75 Retail / \$150 MOD	
Tier 4 Specialty	\$90 retail / Limited to one-month supply (retail or mail)	
Catastrophic Coverage	0% copays or coinsurance are not applicable.	



Medical

Nothing is more important than your good health. To help you maintain your health and wellbeing, Shelby County Government offers two 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 Humana Health Care plans:

- **Methodist Hospitals**
- **St. Francis Hospitals**
- **Baptist Memorial Hospitals**
- **Regional One Health Hospital** — Retirees may also utilize Regional One Health and will receive the same benefits as any in-network hospital.

Humana Services (Applies to Standard & Premium Plans)

SilverSneakers

SilverSneakers® is more than a fitness program. It's a wellness program designed to help you achieve your best health in mind and body.

Telehealth

Virtual visits for PCP, Specialist, Behavioral Health, and Substance Abuse.

Smoking Cessation

The tobacco and vaping cessation coaching program also offers support for over-the-counter (OTC) nicotine replacement therapy (NRT) for ages 18+.

Post-Discharge Transportation Services

Covers up to 36 one-way non-emergency trip(s), not to exceed 50 miles per trip.

And More...