

Medical Benefits Summary

Plan Features	CIGNA Healthcare (POS)		United Healthcare (PPO)	
	(In-Network)	(Out-of-Network)	(In-Network)	(Out-of-Network)
Plan Deductible <i>(per calendar year)</i> Individual Family	\$0 \$0	\$200 \$600	\$300 \$900	\$600 \$900
Coinsurance Limit Individual Family	\$500 \$1,000	\$3,000 \$6,000	\$1,800 \$3,900	\$5,600 \$10,900
Lifetime Maximum <i>(per covered person)</i>	Unlimited	\$500,000	Unlimited	\$500,000
Physician Services <i>(except Mental Health/Alc/Drug)</i> Office Visits Routine Physical Well Baby Care (Immunizations) Routine Ob/Gyn Exam Routine Mammography/Pap Test Prostate & Colonrectal Exam Specialist <i>(office visits)</i>	100% after \$20 per visit copay 100% after \$20 per visit copay No Charge 100% after \$20 per visit copay <i>(on a self-referred basis to a network provider)</i> No Charge No Charge 100% after \$25 per visit copay	50% after deductible Not covered Not covered Not covered 50% after deductible 50% after deductible 50% after deductible	85% after deductible Not covered 85% after deductible 85% after deductible 85% after deductible <i>(1 per person per calendar year)</i> 85% after deductible <i>(Starting at age 40)</i> 85% after deductible	65% after deductible Not covered 65% after deductible 65% after deductible 65% after deductible <i>(1 per person per calendar year)</i> 65% after deductible <i>(Starting at age 40)</i> 65% after deductible
Diagnostic X-ray & Laboratory <i>(other than physician's office)</i>	95%	50% after deductible	85% after deductible	65% after deductible
Ambulance	95%	95%	80% after deductible	80% after deductible
Maternity	\$25 copay first visit, then 95% all other visits	50% after deductible	85% after deductible	65% after deductible
Hospital Services Inpatient Coverage Outpatient Coverage Emergency Room Physician In-Hospital Services Urgent Care Facility	\$150 per admission, then 95% 95% 100% after \$75 per visit copay <i>(waived if confined)</i> 95% \$25 per visit copay, then 100%	\$150 per admission, then 50% after deductible 50% after deductible 100% after \$75 per visit copay <i>(waived if confined)</i> 50% after deductible \$25 per visit copay, then 100%	85% after deductible plus \$150 copay per confinement 85% after deductible 85% after deductible Additional \$75 per visit copay <i>(waived if confined)</i> 85% after deductible 85% after deductible	65% after deductible plus \$150 copay per confinement 65% after deductible 65% after deductible Additional \$75 per visit copay <i>(waived if confined)</i> 65% after deductible 65% after deductible
Skilled Nursing Facility	95% <i>(70 days calendar year combined max.)</i>	50% after deductible <i>(70 days calendar year combined max.)</i>	85% after deductible <i>(70 days calendar year combined max.)</i>	65% after deductible <i>(70 days calendar year combined max.)</i>
Home Health Care	No Charge <i>(100 days calendar year max.)</i>	50% after deductible <i>(40 days max-reduced by in-network visits)</i>	85% after deductible <i>(precertification required)</i>	65% after deductible <i>(precertification required)</i>
Rehabilitation Services <i>(Physical, Speech, Occupational Therapies, etc.)</i>	100% after \$25 per visit copay <i>(60 days calendar year combined max.)</i>	50% max after deductible <i>(60 days calendar year combined max.)</i>	85% after deductible	65% after deductible
Durable Medical Equipment	No Charge <i>(per calendar year)</i>	\$200 additional deductible <i>(precertification required)</i> then 50%; max \$700	85% after deductible <i>(precertification required)</i>	65% after deductible <i>(precertification required)</i>
External Prosthetic Appliances	\$200 deductible per calendar year then 100% (max \$1,000)	No charge after deductible (max \$1,000)	85% after deductible	65% after deductible
Precertification Penalty to Employee for Failure to Precertify	Provider initiated None	Member initiated \$500 penalty <i>(per admission)</i>	Member initiated \$500 penalty <i>(per admission)</i>	Member initiated \$500 penalty <i>(per admission)</i>
Medical Claim Submission	Provider initiated	Member initiated	Provider initiated	Member initiated
Prescription Drugs	CIGNA POS		UNITED HEALTHCARE PPO	
Express Scripts	Deductible	None	Deductible	\$150 (RX Only)
	Retail Benefit <i>(Walk-In)</i>	\$10 Generic \$25 Formulary Brand \$55 Non-Formulary Brand	Retail Benefit <i>(Walk-In)</i>	20% Generic 20% Formulary Brand w/ Generic Buy-up 40% Non-Formulary Brand
	Home Delivery Benefit (90 days supply)	\$20 Generic \$50 Formulary Brand \$110 Non-Formulary Brand	Home Delivery Benefit (90 days supply)	\$10 Generic \$50 Formulary Brand \$110 Non-Formulary Brand

MONTHLY RATES AND COVERAGE - EFFECTIVE OCTOBER 1, 2006

The benefits of these plans are described in the plan documents with Shelby County Government. The terms and provisions of the plan documents are controlling and none of the conditions or limitations are waived or modified by reason of any omission from this comparison. Revised January 1, 2006

Pre-existing Condition Clause - Once an enrolled person has been in a health plan through Shelby County Government for a continuous 12 month period (contributions must have been paid for each of the twelve months), the pre-existing condition stipulation in the United Healthcare PPO and CIGNA Health Care Plan (when not coordinating care with your primary care physician) is no longer applicable.

Shelby County Government Employee Benefits of ineligible dependents.

Must provide proof of enrollment for dependents age 19 to 25. It is the employee's responsibility to notify

MEDICAL BENEFITS SUMMARY

SHELBY COUNTY RETIREES



MENTAL HEALTH AND SUBSTANCE ABUSE COVERAGE EMPLOYEE ASSISTANCE PROGRAM (EAP)

This is a separate Plan for all participants in any Shelby County Medical Coverage Plan - no mental health or substance abuse coverage will be provided through the United Healthcare PPO or CIGNA POS plans.

If you have been employed by Shelby County for at least six months and you are enrolled in a Shelby County Medical Plan, you are eligible for the Mental Health and Substance Abuse Plan. If you have family coverage and your enrolled dependent has been covered for six months in a row, that dependent is also covered.

For any benefits to be paid, treatment must be coordinated in advance through the County's Employee Assistance Program (EAP).

EAP phone (901) 458-0966 (after-hours pager (901) 728-9810).

There is no charge and no limit for outpatient treatment provided by the Shelby County EAP Mental Health Specialists. If more care is approved by the EAP, benefits are paid as shown under "Additional Outpatient Care."

Your choice of providers	When you use an EAP Preferred Provider	When you use any other qualified provider and have EAP signed approval
Plan Pays	Plan pays 100%	Plan pays 50% of eligible expenses within U&C cost limits.
Inpatient Care	<p>Mental Illness treatment is limited to 30 days of care in a calendar year.</p> <p>Substance abuse treatment is limited to 30 days of care in a calendar year - and is limited to one treatment series per year and two treatment series within any five-year period.</p> <p>Adolescents and children may, in special circumstances, receive an additional 30 days of residential care.</p> <p>There is a \$150 per admission charge for each diagnosis if not through EAP Preferred Provider.</p>	
Additional Outpatient Care	<ul style="list-style-type: none"> ● You pay \$10 per visit when using an EAP Preferred Provider (does not apply to Retirees with Part B Medicare). ● Mental illness treatment is limited to 26 visits each calendar year. ● Substance abuse treatment is limited to a calendar year benefit of \$1,500 - with additional \$1,500 calendar year benefit if you use an EAP Preferred Provider (a \$3,000 benefit if you use only an EAP Preferred Provider). No benefit paid if treatment series not completed. 	

Per-visit charges and hospitalization admission charges under the Mental Health and Substance Abuse Coverage Plan do not apply toward any medical plan deductibles or out-of-pocket limits.