



2011 Retiree Medical Plan Side-by-side Comparison

	Blue Cross Blue Shield PPO BlueChoice Preferred Provider Organization (PPO)		Blue Cross Blue Shield HMO BlueChoice Healthcare Plan (HMO)		Kaiser Permanente Signature HMO (For retirees and dependents under the age 65)		CIGNA Medicare Surround (For retirees and their spouse on Medicare)	
BENEFIT FEATURES	IN-NETWORK	NON-NETWORK	NETWORK ONLY		NETWORK ONLY		NO NETWORK (Use Providers who accept Medicare)	
Annual Deductible (per individual)	\$300	\$400	\$0		\$0		\$0	
Coinsurance (your cost)	20%	40%	10%		10%		0%	
Out-of-Pocket Maximum (Annual)	\$1,500 single \$3,000 family	\$3,000 single \$5,000 family	\$1,000 single \$3,000 family		\$1,000 single \$3,000 family		\$3,250 individual	
Office Visit Copay	\$20	N/A	\$15		\$15		\$10	
PCP Required	No	N/A	Yes		Yes		No	
Pre-existing Condition Limitation	Yes	Yes	No		No		No	
Specialist Referral Required	No	N/A	Yes		No		No	
Pharmacy Copays	MEDCO		MEDCO		KAISER PHARMACY		MEDICARE SURROUND	
	<u>RETAIL</u>	<u>MAIL ORDER</u> <i>90-day supply</i>	<u>RETAIL</u>	<u>MAIL ORDER</u> <i>90-day supply</i>	<u>RETAIL</u> <i>Kaiser Facility</i>	<u>MAIL ORDER</u> <i>90-day supply</i>	<u>RETAIL</u>	<u>MAIL</u> <i>90-day supply</i>
Generic	\$10	\$20	\$10	\$20	\$10/\$16	\$20	\$10	\$20
Brand Formulary	\$20	\$50	\$20	\$50	\$20/\$26	\$40	\$20	\$50
Brand Non-Formulary	\$35	\$87.50	\$35	\$87.50	N/A	N/A	\$30	\$87.50
2010 Monthly Premiums	<u>REGULAR</u>	<u>TOBACCO</u>	<u>REGULAR</u>	<u>TOBACCO</u>	<u>REGULAR</u>	<u>TOBACCO</u>	<u>REGULAR</u>	<u>TOBACCO</u>
Single	\$137.72	\$181.05	\$56.37	\$99.70	\$41.92	\$85.25	\$43.92	\$87.25
Single + 1	\$373.49	\$416.82	\$191.35	\$234.68	\$150.09	\$193.42	\$157.23	\$200.56
Family	\$508.59	\$551.92	\$259.64	\$302.97	\$202.61	\$245.94	N/A	N/A
WEB SITES	www.bcbsga.com		www.bcbsga.com		www.kp.org		www.cigna.com Non-members: 1-800-577-9409 Current members: 1-800-577-9410	

Consumer Driven HRA Plan (CDHP) Open Access Point of Service (OA POS) for Retirees

How it works:

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

Coverage Level	HRA Dollars	Retiree Pays (Out of pocket funds or Flex Spending Dollars)	CDHP Deductible
Single	\$500	\$500	\$1,000
Single + 1	\$750	\$750	\$1,500
Family	\$1,000	\$1,000	\$2,000

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 \$500; \$750; or \$1,000 is paid by the retiree for full cost of prescriptions, doctor's visits, lab work, etc. toward meeting the \$1,000; \$1,500; or \$2,000 CDHP deductible.

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

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

Consumer Driven HRA Plan (CDHP)

Open Access Point of Service
(OA POS)

BENEFIT FEATURES	IN-NETWORK	NON-NETWORK
Office Visit Coinsurance (you pay)	20%	40%
Out-of-Pocket Maximum (Annual)	\$2,500 single \$3,000 single+1 \$5,000 family	\$3,000 single \$4,500 single+1 \$7,000 family
Pre-existing Condition Limitations	Yes*	Yes*
PCP Required	No	N/A
Specialist Referral Required	No	N/A

* Dependents under the age of 19 are exempt from pre-existing limitations.

PHARMACY COPAYS

After meeting CDHP deductible

MEDCO

	RETAIL	MAIL ORDER 90-day supply
Generic	\$10	\$20
Brand Formulary	\$20	\$50
Brand Non-Formulary	\$35	\$87.50

2011 PREMIUMS

	REGULAR	TOBACCO
Single	\$58.17	\$101.50
Single + 1	\$210.90	\$254.23
Family	\$288.34	\$331.67

WEB SITE

www.bcbsga.com