

2020 - Blount County Recommendations –

		Alternate Options 2020				
		Plan 1 - PPO		Plan 2 - PPO		Plan 3 - CDHP/H.S.A.*
Benefits (Member Pays)		In-Network		In-Network		In-Network
Deductible						
Individual		\$750		\$1,500		\$3,000
Family		\$1,500		\$3,000		\$6,000
Coinsurance		15%		15%		100%
Out-of-Pocket Maximum						
Individual		\$3,000		\$4,500		\$3,000
Family		\$3,000 per person		\$9,000		\$6,000
Emergency Room		15% after deductible, then \$150 copay (waived if admitted)		15% after deductible, then \$150 copay (waived if admitted)		0% after deductible
Routine Services						
Primary Care Office Visit		15% after deductible		\$25 copay		0% after deductible
Specialist Office Visit		15% after deductible		\$45 copay		0% after deductible
Prescription Drugs						
RX Out-of-Pocket Maximum		\$2,000 per person		\$2,000 per person		included with medical
Generic		\$10 copay		\$10 copay		0% after deductible
Preferred Brand		30% coinsurance, up to a max copay of \$60		30% coinsurance, up to a max copay of \$60		0% after deductible
Non-Preferred Brand		40% coinsurance, up to a max copay of \$100		40% coinsurance, up to a max copay of \$100		0% after deductible
Specialty		50% coinsurance, up to a max copay of \$200		50% coinsurance, up to a max copay of \$200		0% after deductible
Rates						
Employee Only		\$664.00		\$612.62		\$579.00
Employee + Spouse		\$1,524.00		\$1,406.08		\$1,330.00
Employee + Child(ren)		\$1,499.00		\$1,383.02		\$1,308.00
Family		\$1,549.00		\$1,429.15		\$1,352.00

*Whoever enrolls in the QDHP would not qualify for free coverage with the clinic as this would make the H.S.A. non-compliant.