

Medical

Medical Benefits ... at a Glance

	PPO PLAN		HRA PLAN	
	In-Network OPEN ACCESS PLUS NETWORK	Out-of-Network	In-Network OPEN ACCESS PLUS NETWORK	Out-of-Network
Health Reimbursement Account Fund (Metro funded) ^{1, 2}	N/A	N/A	\$1,100/employee only \$2,200/family	
Your Share of the Deductible ²	\$0	\$200/employee only \$600/family	\$450/employee only \$900/family	
Coinsurance Maximum ²	\$1,000/employee only \$2,000/family	\$5,000/employee only \$10,000/family	\$700/employee only \$1,400/family	\$4,550/employee only \$9,100/family
Annual Out-of-Pocket Maximum ²	\$1,000/employee only \$2,000/family (includes deduct. & coins. but not copays)	\$5,000/employee only \$10,000/family (includes deduct. & coins. but not copays)	\$1,150/employee only \$2,300/family	\$5,000/employee only \$10,000/family

MEDICAL SERVICES				
Once you meet the deductible, you pay...				
Well Care/Preventive Care				
» Age 7 and older	\$0 until charges reach \$750, then 20% ³	40% ³	\$0	30%
» Under age 7	20%	40%	\$0	30%
Office Visits				
» Primary Care Physician ⁴	\$20 copay plus 20%	\$20 copay plus 40%	10%	30%
» Specialist	\$30 copay plus 20%	\$30 copay plus 40%	10%	30%
In-office Procedures (surgery, consultation, allergy injections)	20% after office visit copay	40% after office visit copay	10%	30%
Maternity				
» Prenatal Care	You pay \$20 copay for initial visit		10%	30%
» Delivery	20%	40%	10%	30%
Hospital	20%	40%	10%	30%
Emergency Room	\$100 copay plus 20% (copay waived if admitted)	\$100 copay plus 40% (copay waived if admitted)	10%	10%
Mental Health/Substance Abuse				
» Outpatient	\$20 copay plus 20%	\$20 copay plus 40%	10%	30%
» Inpatient (pre-authorization required)	20%	40%	10%	30%

	PPO PLAN	HRA PLAN
Prescription Drugs		
You pay...		
1-month supply		After deductible:
» Generic	\$10 copay	10% of discounted cost
» Brand	\$30 copay	30% of discounted cost
3-month supply (maintenance drugs)	2 times above copays through certain retail pharmacies and mail order; see page 10	Same as above through certain retail pharmacies and mail order; see page 12

¹ Pensioners with Medicare A & B are not eligible to receive the Health Reimbursement Account Fund.

² If you enroll in the employee + child(ren) coverage tier, Metro’s HRA Fund contribution (HRA Plan), your share of the deductible, coinsurance maximum and annual out-of-pocket maximum are the same as the family coverage tier.

³ Screening colonoscopies, PSA tests, well-woman exams and Pap exams are covered are covered with an office visit copay plus 20% (in-network) and an office visit copay plus 40% (out-of-network), but are not included in the \$750 well-care benefit limit.

⁴ Primary Care Physicians include pediatricians, family and general practitioners, internists and OB/GYNs. Specialists include physicians highly trained in specific areas such as cardiology, dermatology, neurology, podiatry, oncology and specialized OB/GYNs.

Note: To view a complete copy of the plan documents and provisions, go to nashville.gov/hr.