



2019 Retiree Medical Plan Side-by-Side Comparison

	Blue Open Access POS www.bcbsga.com	Blue Open Access HMO www.bcbsga.com	Kaiser Permanente HMO www.mykp.org/cobb
BENEFIT FEATURES	<i>IN-NETWORK</i> <i>NON-NETWORK</i>	<i>NETWORK ONLY</i>	<i>NETWORK ONLY</i>
Annual Deductible (<i>per individual/family</i>)	\$500/\$1,500 \$750/\$2,250	\$500/\$1,500	\$500/\$1,500
Coinsurance (you pay)	20% 40%	10%	10%
Medical Out-of-Pocket Maximum (<i>Annual</i>)	\$2,500 single \$4,750 single \$5,500 family \$14,250 family	\$1,700 single \$5,100 family	\$1,700 single \$5,100 family
Rx Out-of-Pocket Maximum (<i>Annual</i>)	\$3,600 single/ \$7,200 family	\$3,600 single/\$7,200 family	N/A
Copay(s):			
Office Visit (pcp/specialist)	\$35/\$40 N/A	\$35/\$40	\$35/\$40
Inpatient Admission/Outpatient surgery	\$300 \$300	\$300	\$300
Emergency Room	\$200 \$200	\$200	\$200
Urgent Care	\$75 \$75	\$75	\$75
Vision Exam	N/A N/A	N/A	\$40
PCP Required	No N/A	No	Yes
Specialist Referral Required	No N/A	No	Yes
PHARMACY COPAYS	BCBSGA www.bcbsga.com/pharmacyinformation	BCBSGA www.bcbsga.com/pharmacyinformation	Kaiser Pharmacy www.mykp.org/cobb
	<i>Retail</i> <i>Mail Order*</i>	<i>Retail</i> <i>Mail Order*</i>	<i>Kaiser Facility</i> <i>Retail*</i> <i>Mail Order**</i>
Generic	\$15 \$30	\$15 \$30	\$15 \$25 \$30
Brand Formulary	\$35 \$87.50	\$35 \$87.50	\$35 \$45 \$70
Brand Non-Formulary	\$60 \$150	\$60 \$150	\$60 \$70 \$120
Specialty	\$200 \$200**	\$200 \$200**	\$200 \$200 \$400
2019 MONTHLY PREMIUMS	<i>Employer</i> <i>Retiree</i>	<i>Employer</i> <i>Retiree</i>	<i>Employer</i> <i>Retiree</i>
Surcharge if applicable: Tobacco \$75.83/Spouse \$100*			
Single	\$704.47 \$150.81	\$624.13 \$64.83	\$525.48 \$35.02
Single + spouse	\$1,304.31 \$406.30	\$1,157.89 \$220.04	\$882.83 \$152.30
Single + child(ren)	\$1,239.10 \$385.99	\$1,100.00 \$209.05	\$838.67 \$144.70
Family	\$1,824.94 \$569.93	\$1,619.48 \$309.64	\$1,235.98 \$213.20
*Retiree elects spouse coverage but spouse has other coverage available to them.	*90-day supply **30-day supply only	*90-day supply **30-day supply only	*Network pharmacy limited to 1 st fill only **90-day supply

Blue Open Access HRA

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)	CDHP Deductible
Single	\$500	\$1,000	\$1,500
Single + Spouse	\$750	\$1,250	\$2,000
Single + Child(ren)	\$750	\$1,250	\$2,000
Family	\$1,000	\$1,500	\$2,500

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 \$1,000; \$1,250; or \$1,500 is paid by the employee for full cost of prescriptions, doctor's visits, lab work, etc. toward meeting the \$1,500; \$2,000; or \$2,500 CDHP deductible.

If enrolled in the Flexible Spending Account, FSA funds can be used to pay these costs if money has been set aside for the Plan Year.

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

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

Blue Open Access HRA

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BENEFIT FEATURES	IN-NETWORK	NON-NETWORK
Office Visit Coinsurance (you pay)	20%	40%
Out-of-Pocket Maximum (Annual)	\$3,000 single \$3,500 single+spouse \$3,500 single+child(ren) \$5,500 family	\$3,500 single \$5,000 single+spouse \$5,000 single+child(ren) \$7,500 family
Rx Out-of-Pocket Maximum	\$3,600 single/\$7,200 family	
PCP Required	No	N/A
Specialist Referral Required	No	N/A

PHARMACY COPAYS

BCBSGA Rx

	RETAIL	MAIL ORDER*
Generic	\$15	\$30.00
Brand Formulary	\$35	\$87.50
Brand Non-Formulary	\$55	\$137.50
Specialty	\$200	\$200**

2018 MONTHLY PREMIUMS

Surcharge if applicable: Tobacco \$75.83/Spouse \$100***	Employer	Retiree
Single	\$660.88	\$43.72
Single + spouse	\$1,223.28	\$185.87
Single + child(ren)	\$1,162.14	\$176.59
Family	\$1,710.84	\$261.96

*90-day supply only

**30-day supply

***Retiree elects spouse coverage but spouse has other coverage available to them.