

**City of Gallatin**  
**BlueCross BlueShield of Tennessee Medical Plans**  
**Effective 10-1-2014**

Benefits	Medical Option 1	Medical Option 2	Medical Option 3						
PPO NETWORKS	Basic (S Network)	Enhanced (P Network)	Basic (S Network)						
Individual Deductible (2x Family)	\$2,000 (\$1,000 Employee + \$1,000 City)	\$2,000 (\$1,000 Employee + \$1,000 City)	\$1,750 (\$750 Employee + \$1,000 City)						
Coinsurance (In Network)	Ins. 80% / Employee 20%	Ins. 80% / Employee 20%	Ins. 90% / Employee 10%						
(Out of Network)	Ins. 60% / Employee 40%	Ins. 60% / Employee 40%	Ins. 70% / Employee 30%						
Individual Out of Pocket (2x Family)	\$4,000 (Includes Deductible) (\$3,000 Employee + \$1,000 City)	\$4,000 (Includes Deductible) (\$3,000 Employee + \$1,000 City)	\$4,000 (Includes Deductible) (\$3,000 Employee + \$1,000 City)						
Preventive Care Office Visit Copay	100% (No Copay)	100% (No Copay)	100% (No Copay)						
Sickness/Injury Office Visit Copay(1)	\$30	\$30	\$30						
Sickness/Injury Office Visit Copay(2)	\$50	\$50	\$50						
Outpatient Surgery	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance						
Inpatient Hospitalization	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance						
Routine Diagnostics (Labwork, X-rays, etc.)	100%	100%	100%						
Advanced Diagnostics (MRI, CT, PET, Nuclear, MRA)	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance						
Emergency Room Copay	\$250	\$250	\$250						
Prescription Drug Card	\$10/\$25/50	\$10/\$25/50	\$10/\$25/50						
<b>*You will be able to get a 3 month supply of your maintenance drugs for the cost of a 2 month supply. (Applies to all options)</b>									
Mental Health / Substance Use Disorder	Outpatient: OV Copay	Outpatient: OV Copay	Outpatient: OV Copay						
	Inpatient: Ded/Coinsurance	Inpatient: Ded/Coinsurance	Inpatient: Ded/Coinsurance						
Preventive Health Care Services	100%	100%	100%						
Vision Coverage	Vision Care #2 (\$20 copay)	Vision Care #2 (\$20 copay)	Vision Care #2 (\$20 copay)						
Ambulance Services	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance						
Durable Medical Equipment	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance						
Hearing Aids (frequency every 2 yrs)	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance						
Home Health Care (60 visits)	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance						
Hospice Care	100%	100%	100%						
Prosthetic Devices	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance						
Skilled Nursing Facility & Rehab Facility Services (60 days per yr)	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance						
Therapeutic Services (Physical, Speech, Chiropractic, etc.) 30-36 visits	Specialist OV Copay	Specialist OV Copay	Specialist OV Copay						
Therapeutic Treatments (Dialysis, Chemo, Radiation, etc.)	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance						
Transplantation Services	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance						
Lifetime Max. (In & Out)	Unlimited	Unlimited	Unlimited						
<b>Employee Medical Rates</b>	<b>Medical Option 1</b>		<b>Medical Option 2</b>		<b>Medical Option 3</b>				
		<u>Monthly</u>	<u>Biweekly</u>		<u>Monthly</u>	<u>Biweekly</u>			
	EE Only	\$0.00	\$0.00	EE Only	\$41.68	\$20.84	EE Only	\$18.97	\$9.48
	EE + SP	\$271.17	\$135.59	EE + SP	\$358.70	\$179.35	EE + SP	\$311.01	\$155.51
	EE + CH	\$244.52	\$122.26	EE + CH	\$320.81	\$160.41	EE + CH	\$279.24	\$139.62
EE/SP/CH	\$338.98	\$169.49	EE/SP/CH	\$465.49	\$232.75	EE/SP/CH	\$396.55	\$198.28	

(1) The \$30 copay applies to Family Practice, General Practice, Internal Medicine, OB/GYN, Pediatrics, Nurse Practitioners/Physician Assistants.

(2) The \$50 copay applies to Specialists.

Only the P network includes Tri-Star/HCA Facilities such as Centennial, Skyline, Summitt, and Hendersonville Med. Ctr. Dependent Children Age Limit to age 26.

The above reflects In-Network benefits only. Out-of-Network benefits are different.

Some Prescription Drugs may be in lower or higher co-pay tiers than presently.

BCBST does have a separate higher copay for specialty drugs.

\*This is for summary purposes only. Refer to the Certificate of Coverage (COC) for exact details.\*