



WILLIAMSON COUNTY GOVERNMENT Benefits Department

October 30, 2015

Dear Retiree,

Williamson County continues to focus on providing the best possible healthcare, and lower total healthcare cost while improving your health. For the upcoming 2016 plan year, Williamson County will continue to offer retirees who are Medicare eligible, the Humana Advantage Plan and the Cigna HealthSpring HMO with only changes in the monthly premiums that will be effective on January 1, 2016.

- 1) Humana Advantage at a monthly cost of \$76.83 (or)
- 2) Cigna HealthSpring HMO at a monthly cost of \$24.95

Included with this letter is a side by side comparison of the two Medicare Advantage plans being offered effective January 1, 2016.

PLEASE NOTE: The Medicare plan that you are currently enrolled will automatically continue unless you notify the Williamson County Benefits Department that you would like to change plans effective January 1, 2016. If you choose to change your Medicare Advantage Plan, contact me for a change form. Complete and return the form no later than November 16, 2015.

If you are a Retiree who is not eligible for Medicare, and are enrolled in one of the Cigna medical plans offered through Williamson County, this letter is for informational purposes only. You need to do nothing at this time. Once you become Medicare eligible, you will receive information from Humana and HealthSpring on continuation of benefits as a Medicare eligible participant. Cigna and Delta Dental will remain the same for 2016. Refer to the enclosed Pre-Medicare informational sheet.

We ask that you review all the information coming your way to ensure the medical plan you are enrolled best meets your needs for 2016. Please call me with questions regarding your retiree coverage at 615-591-8506 or by e-mail at laurieg@williamson-tn.org.

Respectfully,

Laurie Gulan
Retiree Coordinator
Williamson County Government

Pre-Medicare Cigna Medical Plans
Review your plan options

Option 1

Option 2

	Deductible Plan with Health Savings Account		Deductible Plan	
MEDICAL PLAN HIGHLIGHTS				
	Employee	Family	Employee	Family
Medical deductible –				
In-network	\$1,300	\$2,600	\$550	\$1,375
Out-of-network	\$2,600	\$5,200	\$1,250	\$3,125
Total contribution to HSA from employer	\$500	\$1,000	\$0	\$0
Completion of biometric screening and health risk assessment	\$125	\$125 (Spouse only)	\$0	\$0
Out-of-pocket maximum				
In-network	\$2,600	\$5,200	\$2,500	\$5,000
Out-of-network	\$5,200	\$10,400	Unlimited	Unlimited

PRESCRIPTION MEDICATION HIGHLIGHTS

	Retail (30-day supply)	Home Delivery (90-day supply)	Retail (30-day supply)	Home Delivery (90-day supply)
Pharmacy deductible	Combined with plan's medical deductible	Combined with plan's medical deductible	Not applicable	Not applicable
Generic	30%*	30%*	\$15	\$15
Cigna preferred brand	40%*	40%*	\$30 or 40%, max \$100	\$50
Non-preferred brand	50%*	50%*	\$45 or 50%, max \$150	\$85
Out-of-pocket maximum	Combined with the plan's medical out-of-pocket	Combined with the plan's medical out-of-pocket	\$4,000	\$8,000
Preventive drugs at no cost for GENERIC: high blood pressure, cholesterol, diabetes, asthma, osteoporosis, heart attack, stroke, prenatal nutrient deficiency	Not available	No charge	Not available	Not available

*After you meet your plan deductible

**Williamson County
Medicare Advantage Plans - 2016 Comparison**

	HealthSpring	HUMANA
Effective Dates	January 1, 2016 - December 1, 2016	January 1, 2016 - December 1, 2016
Membership Specific to This Plan		
MONTHLY PREMIUM	24.95 (per person)	76.83 (per person)
Service Type		
Plan Deductible	\$0	\$0
Plan OOP Maximum	\$1,500	\$1,000 Combined
Inpatient		
Inpatient Acute (including Substance Abuse and Rehab) – copay per admission	\$0	\$0
Inpatient Acute – Coverage Limit (days)	None	None
Inpatient Psychiatric – copay per admission	\$0	\$0
Coverage Limit (lifetime days) – Psychiatric Hospital	190	190
Skilled Nursing Facility		
Benefit Period – 1-20 days	\$0	\$0
Benefit Period – 21-100 days	\$0	\$0
Coverage Limit (days)	100	100
Hospital Stay Required?	No	No
Outpatient		
Ambulance	\$0	\$0
Outpatient Surgery	\$0	\$0
Outpatient Non-Surgical	\$10	\$0
Emergency Room (waived if admitted)	\$50	\$0
Urgent Care (PCP/SCP office)	\$10	\$0
PCP Office Visit	\$5	\$0
SCP Office Visit	\$10	\$0
Advanced Imaging & Radiation Therapy	10%	\$0
X-Ray	10%	\$0
Lab Services (Pathology)	\$0	\$0
Short Term Rehabilitation Service	\$10	\$0
DME	10%	\$0
Part B Drugs	10%	\$0
Medicare covered diagnostic Hearing Exams	\$10	\$0
Medicare covered diagnostic Vision Exams	\$10	\$0
Wellness		
Routine Physical Exams	\$0	\$0
Immunization Coverage (Flu shots, Pneumonia, Hepatitis B)	\$0	\$0
Other HCR Wellness *	\$0	\$0
Part D (Rx) Initial Coverage Level (up to \$2,850 of Drug Spend)		
Retail Tier 1 (30 days)	\$10	\$15
Retail Tier 2 (30 days)	\$25	25% (\$25 min, \$100 max)
Retail Tier 3 (30 days)	\$50	40% (\$40 min, \$100 max)
Retail Tier 4 (30 days)	\$50	40% (\$40 min, \$100 max)
Mail Order Tier 1 (90 days)	\$20	\$15
Mail Order Tier 2 (90 days)	\$50	\$45
Mail Order Tier 3 (90 days)	\$100	\$80

** Other HCR Wellness services includes: Abdominal Aortic Aneurysm Screening; Bone Mass Measurement; Cardiovascular Screening; Cervical and Vaginal Cancer Screening; Colorectal Cancer Screening; Diabetes Screening; Diabetes Self-Management Training; Kidney Disease Education Services; HIV Screening (HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.); Breast Cancer Screening (Mammogram); Medical Nutrition Therapy Services; Personalized Prevention Plan Services (Annual Wellness Visits); Prostate Cancer Screening (Prostate Specific Antigen (PSA) Test only); Smoking Cessation (counseling to stop smoking); Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)