

Medical Insurance Comparison

The chart below is a general overview of the SCG medical plan options. For complete details refer to the appropriate plan documents located online at <http://tpm.scgov.net/2010BenefitOptions.aspx>

Benefits & Services	Aetna Choice POS II		Aetna Health Fund (AHF)	
	In Network	Out of Network	In Network	Out of Network
Health Fund			SCG Contribution: \$500 Individual \$1,000 Family (Contributions are prorated if enrolled after January 1st)	
Annual Deductible	\$500 Individual \$1,000 All Family Tiers	\$1,000 Individual \$2,000 All Family Tiers	\$1,500 Individual \$3,000 All Family Tiers	\$3,000 Individual \$6,000 All Family Tiers
Annual Out-of-Pocket Maximum	\$1,750 Individual \$3,500 All Family Tiers	\$3,500 Individual \$7,000 All Family Tiers	\$3,000 Individual \$6,000 All Family Tiers	\$6,000 Individual \$12,000 All Family Tiers
Lifetime Maximum	\$2,000,000			
Health Plan Incentives				
Optional Incentives	Available Incentives*: \$250 Individual \$500 Spouse/Family Tier	Available Incentives*: \$250 Individual \$500 Spouse/Family Tier	Available Incentives*: \$250 Individual \$500 Spouse/Family Tier	Available Incentives*: \$250 Individual \$500 Spouse/Family Tier
	Participation can reduce your deductible to: \$250 Individual \$500 Spouse/Family Tier	Participation can reduce your deductible to: \$750 Individual \$1,500 Spouse/Family Tier	Participation can reduce your deductible to: \$750 Individual \$1,500 Spouse/Family Tier	Participation can reduce your deductible to: \$2,250 Individual \$4,500 Spouse/Family Tier
*Employee + Child(ren) tier has reduced premium to offset lack of incentive availability for children.				
Preventive Care				
Routine Preventive Screenings	Plan pays 100% Based on US Preventive Services Task Force guidelines. (Preventive services do not reduce Health Fund)			
Physician Office Visits				
Primary Care Physician	\$20 copay	After deductible, you pay 40%	After deductible you pay 20%	After deductible, you pay 40%
Aexcel Specialist	\$30 copay	Not available	After deductible you pay 10%	Not available
Non-Aexcel Specialist	\$40 copay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Lab/Diagnostic Imaging	\$20 copay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Complex Imaging	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Emergency Care				
Urgent Care	\$75 copay	After deductible you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Emergency Room	\$150 copay	After deductible you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Hospital Services				
Inpatient Hospital	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Outpatient Hospital	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Inpatient Maternity	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Prescription Drugs				
Retail (30-day supply)	<ul style="list-style-type: none"> \$9 Generic 20% Formulary Brand (\$25 min/\$40 max copay) 40% Non-Formulary Brand (\$40 min/\$55 max copay) 	Not covered	<ul style="list-style-type: none"> \$9 Generic 20% Formulary Brand (\$25 min/\$40 max copay) 40% Non-Formulary Brand (\$40 min/\$55 max copay) 	Not covered
Mail Order (31-90 day supply)	<ul style="list-style-type: none"> \$22.50 Generic 20% Formulary Brand (\$62.50 min/\$100 max copay) 40% Non-Formulary Brand (\$100 min/\$137.50 max copay) 	Not covered	<ul style="list-style-type: none"> \$22.50 Generic 20% Formulary Brand (\$62.50 min/\$100 max copay) 40% Non-Formulary Brand (\$100 min/\$137.50 max copay) 	Not covered

Benefits & Services	Aetna Choice POS II		Aetna Health Fund (AHF)	
	In Network	Out of Network	In Network	Out of Network
Mental Health Services				
Inpatient (90 days/year)	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Outpatient	\$30 copay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Alcohol/Drug Abuse Services				
Inpatient (90 days/year)	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Outpatient	\$30 copay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Other Services				
Convalescent Facility (90 days/year)	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Home Health Care (120 visits/year)	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Hospice - Inpatient	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Hospice - Outpatient	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Speech, Physical, Occupational Therapy	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Spinal Manipulation / Chiropractic (20 visits/year)	\$30 copay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Durable Medical Equipment	After deductible, you pay 20%	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Allergy Testing	\$40 copay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Allergy Injections	\$5 copay	After deductible, you pay 40%	After deductible, you pay 20%	After deductible, you pay 40%
Family Planning				
Infertility Treatment	Specialist copay	Member cost share based on type and place of service	After deductible, you pay 20%	Member cost share based on type and place of service
Comprehensive Infertility Services	Specialist copay	Not covered	After deductible, you pay 20%	Not covered
Coverage includes maximum of 6 Artificial Insemination and 6 Ovulation Induction treatments per lifetime				
Voluntary Sterilization	Member cost share based on type and place of service	Member cost share based on type and place of service	Member cost share based on type and place of service	Member cost share based on type and place of service

Bi-Weekly Premiums (Employee Contributions)		
	Aetna Choice POS II	Aetna Health Fund (AHF)
Employee Only	\$30.70	\$22.10
Employee + Child(ren)	\$143.74	\$103.47
Employee + Spouse	\$168.84	\$121.54
Employee + Family	\$205.68	\$148.05

Incentive Summary	
Health Plan Incentive Credits	Wellness Cash Incentives
• Max \$250 Employee/\$500 Employee & Spouse Deductible Credits	• Max \$100 per employee (spouse not eligible for cash)
** Health Risk Assessment (HRA) mandatory for incentive eligibility (\$100). Employee & Spouse can each earn \$100 for HRA **	
• Up to \$150 additional incentive credits for:	• Up to \$100 cash for any combination of the following:
• Preventive Screenings (\$50)	• Health & Fitness Screening (\$50)
• Personal Health Record completion (\$50)	• MD followup for Health & Fitness screening referral
• Healthy Lifestyle Coaching (\$50)	• Smoking Cessation Program (\$50)
• Aetna Disease Management programs (\$50)	• Pedometer Program (\$25, up to 4x/year)
• On-line Healthy Living Program (\$25)	• SMH Diabetes Class (\$50)
	• Exercise/Stress Mgt/Healthy Eating classes (\$25)
	• Hurricane Preparedness Plan (\$25)