

**RESOLUTION**

**WHEREAS**, in an effort to save costs within the health insurance plan, the following plan changes are being proposed and are estimated to generate an annual savings of Six Hundred Seventy-Five Thousand Seven Hundred Dollars (\$675,700):

Co-Pay Plan In-Network:

1. Change annual deductible from \$750 per person and \$1,500 per family to \$1,000 per person and \$2,000 per family.
2. Change the annual out-of-pocket maximum from \$3,750 per person and \$7,500 per family to \$4,000 per person and \$8,000 per family.
3. Increase the emergency room co-pay to \$300 per visit unless admitted to hospital
4. Increase the urgent care co-pay to \$60.
5. Change mail order pharmacy/90-day retail from \$15/\$90/\$180 to \$12/\$75/\$150.

Co-Pay Plan Out-of-Network:

1. Change annual deductible from \$1,500 per person and \$3,000 per family to \$2,000 per person and \$4,000 per family.
2. Change the annual out-of-pocket maximum from \$7,500 per person and \$15,000 family to \$8,000 per person and \$16,000 per family.
3. Increase the emergency room co-pay to \$300 per visit unless admitted to hospital

Deductible Plan In-Network:

1. Change the annual out-of-pocket maximum from \$2,550 per person and \$4,850 per family to \$2,500 per person and \$5,000 per family
2. Increase the emergency room co-pay to \$300 per visit unless admitted to hospital
3. Change mail order pharmacy/90-day retail from \$15/20%/35% (no deductible) to \$12/15%/30% (no deductible)

Deductible Plan Out-of-Network:

1. Change annual deductible from \$900 per person and \$1,800 per family to \$1,000 per person and \$2,000 per family.
2. Change annual out-of-pocket maximum from \$4,850 per person and \$9,450 per family to \$5,000 per person and \$10,000 per family.
3. Increase the emergency room co-pay to \$300 per visit unless admitted to hospital

HRA Plan In-Network:

1. Change Annual Deductible from \$1,500 single and \$3,000 family collective to \$1,750 single and \$3,500 family collective.
2. Change mail order pharmacy/90-day retail from 30%/40%/50% (deductible apply) to 25%/35%/45% (deductible apply)

HRA Plan Out-of-Network:

1. Change annual deductible from \$2,500 single and \$5,000 family collective to \$3,000 single and \$6,000 family collective

**THEREFORE BE IT RESOLVED** by the Rutherford County Board of Commissioners that the changes to the Rutherford County Health Insurance Plan, as enumerated above in the

foregoing Resolution, be adopted in an effort to save costs within the plan effective January 1, 2014.

**RESOLVED** this 16<sup>th</sup> day of May, 2013.

RUTHERFORD COUNTY, TN

BY: \_\_\_\_\_  
ERNEST G. BURGESS, Chairman

**ATTEST:**

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LISA CROWELL, County Clerk