Cherokee County Office of the Board of Commissioners Employee Benefit Plan

A plan Sponsored by Cherokee County Office of the Board of Commissioners

1130 Bluffs Parkway

Canton, GA 30014

678-493-6000

To: Participants in the Cherokee County Office of the Board of Commissioners Employee Benefit Plan

Re: Changes to the Employee Benefit Plan effective November 1, 2010 for the Plan year October 2010 – September 2011.

Date: June 14, 2011

Summary of Changes to Open Access HMO

* In-Network preventive care will be covered at 100%,
* The In-Network calendar year deductible will change from $0 to $500 per person/$1,500 per family,
* The In-Network calendar year out-of-pocket will change from $1,000 per person/ $3,000 per family to $2,000 per person/$6,000 per family,
* The office visit copayment will change from $20 primary care physician/$25 specialist to $25 primary care physician/$30 specialist,
* Inpatient hospitalization will change from 80% after the deductible to $500 copayment per admission then 80% after the deductible,
* Pharmacy copay(s) will change from $15/$30/$75 for tier one/tier two/tier three to $20/$35/$80 for tier one/tier two/tier three,
* Mail order pharmacy copay will change from $60 for a ninety day supply to $50 for a ninety day supply.

Summary of Changes to BlueChoice POS

* In-Network preventive care will be covered at 100%,
* The In-Network calendar year deductible will change from $0 to $3,000 per person/$9,000 per family,
* The Out-of-Network calendar year deductible will change from $1,000 per person/$3,000 per family to $6,000 per person/$18,000 per family,
* The In-Network calendar year out-of-pocket maximum will change from $1,000 per person/$3,000 per family to $6,000 per person/$18,000 per family,
* The Out-of-Network out-of-pocket maximum will change from $4,000 per person/$12,000 per family to $9,000 per person/$27,000 per family,
* The In-Network office visit copayment(s) will change from $25 to $40 per visit,
* Inpatient hospitalization will change from 80% after deductible, to $500 copayment per admission then 80% after deductible for network, and from 60% after deductible, to $500 copayment per admission then 60% after deductible for Out-of-Network,
* Pharmacy copay(s) will change from $15/$30/$75 for tier one/tier two/tier three to $20/$35/$80 for tier one/tier two/tier three,
* Mail order pharmacy copay will change from $60 for a ninety day supply to $50 for a ninety day supply.

Employee contributions to the Plan were also adjusted upward, and a “county couple” tier was added.

This summary of plan changes is a summary of material modification to the summary plan description. This is an important part of the summary plan description and you should keep it with your other important pan documents. Except as modified by this summary, the Cherokee County Office of the Board of Commissioners Employee Benefit Plan summary plan description remains in full force and effect.