

This is to certify that these minutes were approved by the Hamblen County  
Legislative Body on

December 16, 2010.

Stancil Ford

Stancil Ford, Chairman

Linda Wilder

Linda Wilder, Hamblen County Clerk

**BE IT REMEMBERED** that the Legislative Body Session for Hamblen County, Tennessee met at a reconvened meeting on November 22, 2010 at 11:30 a.m. at the Hamblen County Health Department.

Upon roll call the following members were present:

Larry Baker	Herbert Harville
Tim Dennison	Louis Jarvis
Rick Eldridge	Paul Lebel
Stancil Ford	Nancy Phillips
Tilman Goins	Howard Shipley
Tim Goins	Dana Wampler

Absent: Doyle Fullington  
Tom Massey

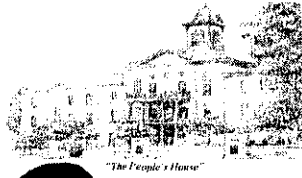
**INSURANCE PLAN FOR COUNTY EMPLOYEES**

Motion by Louis Jarvis, seconded by Paul Lebel to approve the insurance plan with the drug exclusion option. The County commits to pay employee coverage + 80% of dependent coverage.

Voting for	Voting against
Larry Baker	Tim Dennison
Rick Eldridge	Nancy Phillips
Stancil Ford	
Tilman Goins	
Tim Goins	
Herbert Harville	
Louis Jarvis	
Paul Lebel	
Howard Shipley	
Dana Wampler	

HAMBLÉN COUNTY  
GOVERNMENT

Bill Brittain  
County Mayor



## EMPLOYEE HEALTH INSURANCE

NOVEMBER 2010

### ADDITIONAL ANNUAL COST TO HAMBLÉN COUNTY?

- Current Annual Cost Hamblen County
  - \$1,684,931
- Current Plan Annual Cost - January 1
  - \$1,979,179

Increase of \$294,248



CHANGES TO THE  
PLAN?



**Plan January 1, 2011**

- Individual - ~~\$2,000~~ (\$750) Deductible/\$3,000 (\$1,500) Out-of-Pocket Maximum
- Family - ~~\$4,000~~ (\$1,500) Deductible/\$6,000 (\$3,000) Out-of-Pocket Maximum
- Emergency Room - \$250 (\$200) Co-Pay
- Wellcare Exam - 100% Covered
- Health Risk Assessment (HRA) is required for all adults
- Over-the-Counter Alternatives to Prescription Medications



**SUMMARY OF ANNUAL  
COUNTY COSTS**

	Annual Costs	Change
<b>Current</b>	\$1,684,931	\$ 294,248
<b>Drug Exclusion</b>	\$1,661,781	(\$ 23,150)
<b>No Drug Exclusion</b>	\$1,687,235	\$ 2,304
<b>Drug Exclusion + \$50</b>	\$1,608,382	(\$ 76,549)

## SUMMARY OF EMPLOYEE

### COSTS

	Current	NEW Drug Exclusion	NEW No Exclusion	NEW \$50 Employee
Employee:				
Per Month	\$ 0.00	\$ 0.00	\$ 0.00	\$ 50.00
Employee + Spouse:				
Per Month	\$ 96.02	\$ 167.02	\$ 169.58	\$ 167.02
Employee + Children:				
Per Month	\$ 89.94	\$ 143.18	\$ 145.38	\$ 143.18
Family:				
Per Month	\$ 175.78	\$ 238.56	\$ 242.20	\$ 238.56

## QUESTIONS



SUMMARY  
HAMBLEN COUNTY COSTS ONLY

	CURRENT	CURRENT RENEWAL	DRUG EXCLUSION OPTION	NO DRUG EXCLUSION OPTION	DRUG EXCLUSION \$50 EMPLOYEE OPTION
GENERAL FUND	1,372,654.32	1,612,438.68	1,353,852.96	1,374,590.16	1,310,652.96
SOLID WASTE	179,290.20	210,296.40	176,569.32	179,274.12	172,369.32
HIGHWAY	132,986.16	156,444.00	131,359.20	133,370.28	125,359.20
<b>TOTAL</b>	<b>1,684,930.68</b>	<b>1,979,179.08</b>	<b>1,661,781.48</b>	<b>1,687,234.56</b>	<b>1,608,381.48</b>
<b>INCREASE (DECREASE) FROM CURRENT</b>		<b>294,248.40</b>	<b>(23,149.20)</b>	<b>2,303.88</b>	<b>(76,549.20)</b>

## Non-Covered Drugs and OTC Alternatives

effective 7/1/10



of Tennessee  
plans for better health. plans for a better life.

Because many medications are available over the counter (OTC), the Limited Formulary pharmacy plan does not cover certain prescription allergy treatment drugs and stomach disorder drugs that have OTC alternatives unless your condition meets specific medical criteria (see below).

OTC alternatives, which are not covered by your plan, cost significantly less than their prescription alternatives, yet they can have similar results. And you can purchase these popular medications when you need them most without a prescription.

The chart below shows you available OTC alternatives to prescription drugs and drug classes not covered by your plan.

Prescription Drugs	OTC Alternatives
<b>Non-Sedating Antihistamines (NSAs)</b>	
Allegra tablets and capsules	Alavert tablets
Allegra D tablets	Alavert D tablets
cetirizine	All Claritin Products
Clarinet tablets	Clear-Atadine
Clarinet D tablets	Dimetapp Children's Non-Drowsy Allergy
Clarinet syrup <sup>1</sup>	loratadine tablets
fexofenadine	Zyrtec tablets
Xyzal	Zyrtec D Tablets
	Zyrtec syrup
<b>Histamine 2 Blockers (H2s)</b>	
Axid <sup>2</sup>	Axid AR tablets
cimetidine <sup>2</sup>	cimetidine tablets
famotidine <sup>2</sup>	famotidine tablets
nizatidine <sup>2</sup>	Pepcid AC tablets and capsules
Pepcid <sup>2</sup>	ranitidine tablets
ranitidine <sup>2</sup>	Tagamet HB tablets
Zantac <sup>2</sup>	Zantac 75 or 150 tablets
<b>Proton Pump Inhibitors (PPIs)</b>	
AcipHex <sup>3</sup>	Axid AR tablets
Dexilant (formerly Kapidex) <sup>3,4</sup>	cimetidine tablets
lansoprazole <sup>3</sup>	famotidine tablets
Nexium <sup>3</sup>	Pepcid AC tablets and capsules
omeprazole <sup>3</sup>	Prevacid 24HR
pantoprazole <sup>3</sup>	Prilosec OTC
Prevacid <sup>3</sup>	ranitidine tablets
Prilosec <sup>3</sup>	Tagamet HB tablets
Protonix <sup>3</sup>	Zantac 75 or 150 tablets
Zegerid <sup>3</sup>	Zegerid OTC

### LEGEND

<sup>1</sup> Covered for ages 6 and under

<sup>2</sup> Covered for ages 18 and under

<sup>3</sup> Covered for ages 18 and under and for ages 19 and over if the following Prior Authorization criteria are met:

- Grade III Erosive Esophagitis confirmed by endoscopy (circumferential erosions covered by hemorrhagic and pseudomembranous exudates)
- Grade IV Erosive Esophagitis confirmed by biopsy (presence of chronic complications such as deep ulcers, strictures, or Barrett's metaplasia)
- Zollinger-Ellison syndrome confirmed by a diagnostic test (such as fasting serum gastrin, basal 1 hour acid output, secretion stimulation test)

<sup>4</sup> Dexilant (formerly Kapidex) is non-formulary for most plans

Your doctor may request prior authorization of a drug by calling Caremark at 1-877-916-2271.

This list is subject to change throughout the year. Please call Customer Service at the phone number listed on your BlueCross BlueShield of Tennessee member ID card or visit our Web site at [bcbst.com](http://bcbst.com) for the most up-to-date information. BlueCross BlueShield of Tennessee is an independent licensee of the BlueCross BlueShield Association.

This document has been classified as public information. (rev 7.10)



Hamblen County Government  
Changes to Health Insurance effective January 1, 2011

	<u>Current Plan</u>	<u>New Plan</u>	<u>Change</u>
<u>Annual Deductible</u>			
Individual	\$ 750	\$ 2,000	\$ 1,250
Family	\$ 1,500	\$ 4,000	\$ 2,500
<u>Annual Out-of-Pocket Maximum</u>			
Individual	\$ 1,500	\$ 3,000	\$ 1,500
Family	\$ 3,000	\$ 6,000	\$ 3,000
Emergency Room Co-Pay	\$ 200	\$ 250	\$ 50
Preventive Medicine	\$25 Co-Pay / \$300 N 100% Covered / No Limit		

Health Risk Assessment is required for all adult plan members

Items Not Changing

Co-Pays

Primary Care	\$ 25	\$ 25	none
Specialty Care	\$ 50	\$ 50	none

Prescription Co-Pays

Generic	\$ 10	\$ 10	none
Preferred Brand Name	\$ 35	\$ 35	none
Non-Preferred Brand	\$ 50	\$ 50	none

Co-Insurance

Inpatient	80% / 20%	80% / 20%	none
Outpatient	80% / 20%	80% / 20%	none

THEREUPON, MEETING ADJOURNED AT 12:10 P.M.