

2019 Summary of Medical Plan Benefits

Deductibles

Benefit	Choice Local Plus		Quality Open Access Plus		Quality Connect Open Access Plus	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Annual Deductible	\$1,000 per individual	\$2,000 per individual	\$1,500 per Individual	\$2,500 per individual	\$2,200 for employee only coverage level**	\$4,000 for employee only coverage level**
Family Deductible	\$3,000 family maximum	\$6,000 family maximum	\$4,500 family maximum	\$7,500 family maximum	\$6,600 for employee & 1 or more family members** (collective deductible)	\$12,000 for employee & 1 or more family members** (collective deductible)
Hospital Deductible	None	\$250 per admission*	None	\$250 per admission*	None	None
Out of Pocket Maximum	\$4,500 per individual with \$13,500 family maximum	\$7,500 per individual with \$22,500 family maximum	\$7,150 per individual with \$14,300 family maximum	\$10,500 per individual with \$31,500 family maximum	\$6,550 per individual; \$13,100 for employee & 1 or more family members**	\$13,000 per individual; \$26,000 for employee & 1 or more family members**
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

*Separate from annual deductible

**Deductibles and out-of-pocket maximums for the Quality Connect plan are based on 2018 amounts allowed by the IRS.

Preventive Care

Benefit	Choice Local Plus		Quality Open Access Plus		Quality Connect Open Access Plus	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Routine Physicals	No co-pay, deductible waived*	50/50 after deductible	No co-pay, deductible waived*	50/50 after deductible	100%, deductible waived*	50/50 after deductible
Immunizations	No co-pay, deductible waived*	50/50 after deductible	No co-pay, deductible waived*	50/50 after deductible	100%, deductible waived*	50/50 after deductible
Well Child Care	No co-pay, deductible waived*	50/50 after deductible	No co-pay, deductible waived*	50/50 after deductible	100%, deductible waived*	50/50 after deductible
Well Baby Care (Newborn to Age 2)	No co-pay, deductible waived*	50/50 after deductible	No co-pay, deductible waived*	50/50 after deductible	100%, deductible waived*	50/50 after deductible
Annual Well Woman Exams	No co-pay, deductible waived*	50/50 after deductible	No co-pay, deductible waived*	50/50 after deductible	100%, deductible waived*	50/50 after deductible

*There is no longer a preventive care maximum.

Prescriptions

Benefit	Choice Local Plus		Quality Open Access Plus		Quality Connect Open Access Plus	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Generic	\$0 No cost	50% after applicable Rx co-pay	\$0 No cost	50% after applicable Rx co-pay	No cost after deductible	50% after deductible
Generic Preventive Retail 30 day supply (See List)	\$0 No cost	Not available	\$0 No cost	Not available	\$0 No cost	Not available
Brand name	\$40 co-pay (30-day supply), deductible waived	50% after applicable Rx co-pay	\$40 co-pay (30-day supply), deductible waived	50% after applicable Rx co-pay	30% after deductible*	50% after deductible*
Non-preferred Brand	\$60 co-pay (30-day supply), deductible waived	50% after applicable Rx co-pay	\$60 co-pay (30-day supply), deductible waived	50% after applicable Rx co-pay	50% after deductible*	50% after deductible
Specialty High-Cost Drugs	\$100	50% after applicable Rx co-pay	\$100	50% after applicable Rx co-pay	50% after deductible*	50% after deductible*
Mail Order	\$0 generic and \$80/brand name, \$120/non-preferred, \$200 specialty up to a 90-day supply, deductible waived	Not available	\$0 generic and \$80/brand name, \$120/non-preferred, \$200 specialty up to a 90-day supply, deductible waived	Not available	20%/generic, 30%/brand name and 50%/non-preferred brand and specialty after deductible for up to 90-day supply	Not available
Generic Preventive Mail Order 90 day supply (See List)	\$0 No cost	Not available	\$0 No cost	Not available	\$0 No cost	Not available

*Brand name prescriptions will not be covered more than 70/30 after deductible even if the physician requests that the prescription not be filled with a generic equivalent.

Walgreens is no longer an In-Network pharmacy/Prescription PPIs & allergy medications are *not* covered by any of the plans.

Office Visits

Benefit	Choice Local Plus		Quality Open Access Plus		Quality Connect Open Access Plus	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Physician Services	\$25 co-pay, deductible waived	50/50 after deductible	\$45 co-pay, deductible waived	50/50 after deductible	80/20 after deductible	50/50 after deductible
Physician Services – MCNT/USMD	\$25 co-pay, deductible waived	50/50 after deductible	\$35 co-pay, deductible waived	50/50 after deductible	85/15 after deductible	50/50 after deductible
Physician Services – After Hours	80/20 after deductible	50/50 after deductible	70/30 after deductible	50/50 after deductible	80/20 after deductible	50/50 after deductible
Physician Services – Specialists	\$40 co-pay, deductible waived	50/50 after deductible	\$60 co-pay, deductible waived	50/50 after deductible	80/20 after deductible	50/50 after deductible
Physician Services – Specialists - CCD	\$40 co-pay, deductible waived	50/50 after deductible	\$50 co-pay, deductible waived	50/50 after deductible	85/15 after deductible	50/50 after deductible
Airrosti	\$25 co-pay, deductible waived	50/50 after deductible	\$45 co-pay, deductible waived	50/50 after deductible	85/15 after deductible	50/50 after deductible
Urgent Care	80/20, after deductible	50/50 after deductible	70/30, after deductible	50/50 after deductible	80/20 after deductible	50/50 after deductible
Laboratory	80/20 after deductible	50/50 after deductible	70/30 after deductible	50/50 after deductible	80/20 after deductible	50/50 after deductible
X-Rays	80/20 after deductible	50/50 after deductible	70/30 after deductible	50/50 after deductible	80/20 after deductible	50/50 after deductible
Outpatient Surgery	80/20 after deductible*	50/50 after deductible*	70/30 after deductible*	50/50 after deductible*	80/20 after deductible*	50/50 after deductible*
Allergy Testing & Injections	80/20 after deductible	50/50 after deductible	70/30 after deductible	50/50 after deductible	80/20 after deductible	50/50 after deductible
Emergency	80/20, after deductible **	80/20, after deductible **	70/30, after deductible**	70/30, after deductible**	80/20, after deductible**	80/20, after deductible**

* Some surgeries are required to be performed on an outpatient basis or benefits will be substantially reduced.

** Non-Emergency care in an Emergency Room may NOT be covered. Please call Cigna or review Cigna’s Summary of Benefits.

Mental Health

Benefit +	Choice Local Plus		Quality Open Access Plus		Quality Connect Open Access Plus	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Inpatient Services	80/20 after deductible	50/50 after annual and hospital deductibles	70/30 after deductible	50/50 after annual and hospital deductibles	80/20 after deductible	50/50 after annual and hospital deductibles
Outpatient Services	80/20 after deductible	50/50 after deductible	70/30 after deductible	50/50 after deductibles	80/20 after deductible	50/50 after deductibles
Inpatient Serious Mental Illness	80/20 after deductible	50/50 after annual and hospital deductibles	70/30 after deductible	50/50 after annual and hospital deductibles	80/20 after deductible	50/50 after annual and hospital deductibles
Outpatient Serious Mental Illness	\$25 copay	50/50 after deductible	\$45 copay	50/50 after deductibles	80/20 after deductible	50/50 after deductibles

+ No yearly plan maximums

Substance Abuse Treatment

Benefit +	Choice Local Plus		Quality Open Access Plus		Quality Connect Open Access Plus	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Inpatient Services	80/20 after deductible;	50/50 after annual and hospital deductibles;	70/30 after deductible;	50/50 after annual and hospital deductibles	80/20 after deductible	50/50 after annual deductible
Outpatient Services	80/20 after deductible	50/50 after deductible	\$45 – Primary \$60 - Specialist	50/50 after deductibles	80/20 after deductible	50/50 after deductibles

+ No yearly plan maximums

Hospital Charges

Benefit	Choice Local Plus		Quality Open Access Plus		Quality Connect Open Access Plus	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Room & Board (semi-private room)	80/20 after deductible	50/50 after annual and hospital deductibles	70/30 after deductible	50/50 after annual and hospital deductibles	80/20 after deductible	50/50 after annual and hospital deductibles
Physician Services	80/20 after deductible	50/50 after annual and hospital deductibles	70/30 after deductible	50/50 after annual and hospital deductibles	80/20 after deductible	50/50 after annual and hospital deductibles
Surgeon Services	80/20 after deductible	50/50 after annual and hospital deductibles	70/30 after deductible	50/50 after annual and hospital deductibles	80/20 after deductible	50/50 after annual and hospital deductibles
Anesthesiology	80/20 after deductible	50/50 after annual and hospital deductibles	70/30 after deductible	50/50 after annual and hospital deductibles	80/20 after deductible	50/50 after annual and hospital deductibles
Nursery Charges	80/20 after deductible	50/50 after annual and hospital deductibles	70/30 after deductible	50/50 after annual and hospital deductibles	80/20 after deductible	50/50 after annual and hospital deductibles
Emergency Services	80/20, after deductible**	80/20, after deductible**	70/30, after deductible**	70/30, after deductible**	80/20, after deductible**	80/20, after deductible**
Laboratory Services	80/20 after deductible	50/50 after annual and hospital deductibles	70/30 after deductible	50/50 after annual and hospital deductibles	80/20 after deductible	50/50 after annual and hospital deductibles
X-Rays	80/20 after deductible	50/50 after annual and hospital deductibles	70/30 after deductible	50/50 after annual and hospital deductibles	80/20 after deductible	50/50 after annual and hospital deductibles
Pre-Admission Testing	80/20 after deductible	50/50 after annual and hospital deductibles	70/30 after deductible	50/50 after annual and hospital deductibles	80/20 after deductible	50/50 after annual and hospital deductibles
Outpatient Surgery	80/20 after deductible*	50/50 after deductible*	70/30 after deductible*	50/50 after deductible*	80/20 after deductible*	50/50 after deductible*
Ambulance	80/20, after deductible**	80/20, after deductible **	70/30, after deductible**	70/30, after deductible **	80/20, after deductible **	80/20, after deductible **

* Some surgeries are required to be performed on an outpatient basis or benefits will be **substantially** reduced.

** Life threatening situations. Non-Emergency care in an ER may NOT be covered. Please call Cigna or review Cigna's Summary of Benefits.

Surgical Sterilization

Benefit	Choice Local Plus		Quality Open Access Plus		Quality Connect Open Access Plus	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Tubal Ligation Procedures	80/20 after deductible	50/50 after annual and hospital deductibles	70/30 after deductible	50/50 after annual and hospital deductibles	80/20 after deductible	50/50 after annual and hospital deductibles
Vasectomy Procedures	80/20 after deductible	50/50 after annual and hospital deductibles	70/30 after deductible	50/50 after annual and hospital deductibles	80/20 after deductible	50/50 after annual and hospital deductibles

Other Benefits

Benefit	Choice Local Plus		Quality Open Access Plus		Quality Connect Open Access Plus	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Skilled Nursing Facility	80/20 after deductible; 100 day maximum per plan year*	50/50 after annual and hospital deductibles; 100 day maximum per plan year*	70/30 after deductible; 100 day maximum per plan year*	50/50 after annual and hospital deductibles; 100 day maximum per plan year*	80/20 after deductible; 100 day maximum per plan year*	50/50 after deductible; 100 day maximum per plan year*
Durable Medical Equipment	80/20 after deductible	50/50 after deductible	70/30 after deductible	50/50 after deductible	80/20 after deductible	50/50 after deductible
Diabetic Supplies	80/20 after deductible	50/50 after annual and hospital deductibles	70/30 after deductible	50/50 after annual and hospital deductibles	80/20 after deductible	50/50 after deductible
Home Health Services	80/20 after deductible; 100 visit maximum per plan year*	50/50 after annual and hospital deductibles; 100 visit maximum per plan year*	70/30 after deductible; 100 visit maximum per plan year*	50/50 after annual and hospital deductibles; 100 visit maximum per plan year*	80/20 after deductible; 100 visit maximum per plan year*	50/50 after deductible; 100 visit maximum per plan year*
Organ Transplants (Recipient)	80/20 after deductible	50/50 after deductible	70/30 after deductible	50/50 after deductible	80/20 after deductible	50/50 after deductible – with individual organ maximums
Chiropractic Services (Outpatient Short Term Rehab)	\$40 co-pay, deductible waived; 20 visit maximum benefit per plan year*	50/50 after deductible; 20 visit maximum benefit per plan year*	\$60 co-pay, deductible waived; 20 visit maximum benefit per plan year*	50/50 after deductible; 20 visit maximum benefit per plan year*	80/20 after deductible; 20 visit maximum benefit per plan year*	50/50 after deductible; 20 visit maximum benefit per plan year*
Routine Eye Exams	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

*Maximum is a combined limit for in-network and out-of-network benefits

Benefit Maximums*

Benefit	Choice Local Plus		Quality Open Access Plus		Quality Connect Open Access Plus	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Mental Health – Inpatient**	No maximum	No maximum	No maximum	No maximum	No maximum	No maximum
Mental Health – Outpatient**	No maximum	No maximum	No maximum	No maximum	No maximum	No maximum
Substance Abuse – Inpatient**	No maximum	No maximum	No maximum	No maximum	No maximum	No maximum
Substance Abuse – Outpatient**	No maximum	No maximum	No maximum	No maximum	No maximum	No maximum
Chiropractic	20 visits/year*	20 visits/year*	20 visits/year*	20 visits/year*	20 visits/year*	20 visits/year*
Outpatient Short-Term Rehabilitation	60 days/year*	60 days/year*	60 days/year*	60 days/year*	60 days/year*	60 days/year*
Cardiac Rehabilitation	36 days/year*	36 days/year*	36 days/year*	36 days/year*	36 days/year*	36 days/year*
Preventive Care	No Limit	Not Covered	No Limit	Not Covered	No Limit	Not Covered
Skilled Nursing Facility	100/days per year	100/days per year	100/days per year	100/days per year	100/days per year	100/days per year

*Maximum is a combined limit for in-network and out-of-network benefits – total 20 visit chiropractic benefit limit per year

**Benefits may be higher for some mental and nervous conditions when required by state statute.