

## 2020 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 <u>after</u> 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.