



Medical

Cigna- High Deductible Health Plan OAP Base Plan

Participating Network OAP	In-Network Your Cost	Out-of-Network Your Cost
Deductible	\$5,500/single \$11,000/family	\$7,500/single \$15,000/family
Out-of-Pocket Maximum	\$7,500/single \$15,000/family	\$14,000/single \$28,000/family
Preventive Care	Covered in Full	40% AD
Office Visits		
Primary Care	20% AD	40% AD
Specialist	20% AD	40% AD
Urgent Care	20% AD	40% AD
Hospital Services		
Inpatient	20% AD	40% AD
Outpatient	20% AD	40% AD
Mental Health Services		
Office Visit	20% AD	40% AD
Emergency Room		20% AD
Pharmacy	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$10 AD	\$25 AD
Preferred Brand	\$35 AD	\$88 AD
Non-Preferred Brand	\$60 AD	\$150 AD
Specialty	\$100 AD	NA

AD = After Deductible

Medical Premiums

Status	Monthly Contribution	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$286.03	\$286.01	\$132.00
Employee + Spouse	\$600.65	\$600.64	\$277.22
Employee + Child	\$572.06	\$572.05	\$264.02
Employee + Children	\$572.06	\$572.05	\$264.02
Family	\$1,144.10	\$1,144.09	\$528.04