



Medical

Cigna- Traditional OAP Copay Plan

Participating Network OAP	In-Network Your Cost	Out-of-Network Your Cost
Deductible	\$3,500/single \$7,000/family	\$5,000/single \$10,000/family
Out-of-Pocket Maximum	\$5,500/single \$11,000/family	\$10,000/single \$20,000/family
Preventive Care	Covered in Full	40% AD
Office Visits		
Primary Care	\$25 Copay	40% AD
Specialist	\$45 Copay	40% AD
Urgent Care	\$45 Copay	40% AD
Hospital Services		
Inpatient	20% AD	40% AD
Outpatient	20% AD	40% AD
Mental Health Services		
Office Visit	\$25 Copay	40% AD
Emergency Room		\$300 Copay
Pharmacy	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$10 Copay	\$25 AD
Preferred Brand	\$35 Copay	\$88 AD
Non-Preferred Brand	\$60 Copay	\$150 AD
Specialty	\$100 Copay	NA

AD = After Deductible

Status	<u>Medical Premiums</u>		
	Monthly Contribution	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$379.04	\$379.07	\$174.96
Employee + Spouse	\$795.72	\$795.71	\$367.25
Employee + Child	\$757.87	\$757.86	\$349.78
Employee + Children	\$757.87	\$757.86	\$349.78
Family	\$1,515.94	\$1,515.94	\$699.66