

# 2022 MEDICAL PLAN COMPARISON

	Cigna					
	Buy-Down Plan		Base Plan		Buy-Up Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>	Embedded Deductible		Embedded Deductible		Embedded Deductible	
Individual	\$5,000	\$10,000	\$3,000	\$8,000	\$1,500	\$3,000
Family	\$10,000	\$20,000	\$6,000	\$16,000	\$3,000	\$6,000
<b>Out-of-Pocket Maximum</b>	Embedded OOP Maximum		Embedded OOP Maximum		Embedded OOP Maximum	
Individual	\$6,900	\$20,000	\$6,550	\$13,100	\$4,500	\$5,000
Family	\$13,800	\$40,000	\$13,100	\$26,200	\$9,000	\$10,000
<b>Health Savings Account</b>	\$1,000 employer contribution; prorated each month					N/A
<b>Physician Office Visits</b>						
Primary Care	80% after deductible	60% after deductible	80% after deductible	60% after deductible	\$20 copay	80% after deductible
Specialist	80% after deductible	60% after deductible	80% after deductible	60% after deductible	\$40 copay	80% after deductible
Telehealth Virtual Care	80% after deductible	Not covered	80% after deductible	Not covered	\$20 copay	Not covered
Urgent Care	80% after deductible	80% after deductible	80% after deductible	80% after deductible	\$75 copay	\$75 copay
<b>Wellness/Preventive</b>						
	Covered in full	80% after deductible	Covered in full	80% after deductible	Covered in full	80% after deductible
<b>Hospital Services</b>						
Inpatient	80% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after deductible	80% after deductible
Outpatient	\$250 copay; 80% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after deductible	80% after deductible
Emergency Room	80% after deductible	80% after deductible	80% after deductible	80% after deductible	\$200 copay	\$200 copay
<b>Mental Health and Substance Abuse</b>						
Inpatient	80% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after deductible	80% after deductible
Outpatient	80% after deductible	60% after deductible	80% after deductible	60% after deductible	\$40 copay	80% after deductible
<b>Chiropractic Care</b>						
	80% after deductible	60% after deductible	80% after deductible	60% after deductible	\$20 or \$40 copay	80% after deductible
<b>Limitations</b>	20 days/year		20 days/year		20 days/year	

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	Buy-Down Plan		Base Plan		Buy-Up Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Retail Prescription Drugs—30-Day Supply</b>						
Generic	\$10 copay after deductible	80% after deductible	\$10 copay after deductible	80% after deductible	\$10 copay	80% after deductible
Preferred Brand	\$30 copay after deductible	80% after deductible	\$30 copay after deductible	80% after deductible	\$30 copay	80% after deductible
Non-Preferred Brand	\$60 copay after deductible	80% after deductible	\$60 copay after deductible	80% after deductible	\$60 copay	80% after deductible
Specialty	\$80 copay after deductible	80% after deductible	\$150 copay after deductible	80% after deductible	\$150 copay	80% after deductible
<b>Mail Order—90-Day Supply</b>						
Generic	\$30 copay after deductible	80% after deductible	\$20 copay after deductible	80% after deductible	\$20 copay	80% after deductible
Preferred Brand	\$90 copay after deductible	80% after deductible	\$60 copay after deductible	80% after deductible	\$60 copay	80% after deductible
Non-Preferred Brand	\$180 copay after deductible	80% after deductible	\$120 copay after deductible	80% after deductible	\$120 copay	80% after deductible
Specialty	\$240 copay after deductible	80% after deductible	\$300 copay after deductible	80% after deductible	\$300 copay	80% after deductible

