MEDICAL PLAN COMPARISON
Plan Year January 1, 2020 – December 31, 2020

	Premium		Preferred		Economy	
	Network Providers	**Non-Network Providers**	**Network Providers**	**Non-Network Providers**	**Network Providers**	**Non-Network Providers**
Annual Deductible	$0 - Individual $0 - Family	$500 - Individual $1,000 - Family	$500 - Individual $1,000 - Family	$700 - Individual $1,400 - Family	$700 - Individual $1,400 - Family	$1,300 - Individual $2,600 - Family
Employee Co-insurance	0%	20%	20%	30%	30%	40%
Out-of-Pocket Max (*Including deductibles*)	$0 - Individual $0- Family	$2,300 - Individual $4,600 - Family	$2,300 - Individual $4,600 - Family	$3,300 - Individual $6,600 - Family	$3,300 - Individual $6,600 - Family	$5,400 - Individual $10,800 - Family
Office Visit	$30 - Primary Care $40 - Specialist	You pay 20% Plan pays 80% after deductible is met	$20 - Primary Care $30 - Specialist	You pay 30% Plan pays 70% after deductible is met	You pay 30% Plan pays 70% after deductible is met	You pay 40% Plan pays 60% after deductible is met
Well Child Care (See SPD for further clarification)	$30 - Primary Care $40 - Specialist	You pay 20% Plan pays 80% after deductible is met	$20 - Primary Care $30 - Specialist	You pay 30% Plan pays 70% after deductible is met	You pay 30% Plan pays 70% after deductible is met	You pay 40% Plan pays 60% after deductible is met
Well Adult Care (See SPD for further clarification)	$30 - Primary Care $40 - Specialist	You pay 20% Plan pays 80% after deductible is met	$20 - Primary Care $30 - Specialist	You pay 30% Plan pays 70% after deductible is met	You pay 30% Plan pays 70% after deductible is met	You pay 40% Plan pays 60% after deductible is met
Inpatient Hospital (includes physicians services)	No Charge Plan pays 100%	You pay 20% Plan pays 80% after deductible is met	You pay 20% Plan pays 80% after deductible is met	You pay $200 per admission then you pay 30% Plan pays 70% after deductible is met	You pay 30% Plan pays 70% after deductible is met	You pay 40% Plan pays 60% after deductible is met
Pre-Certification - Inpatient	A Pre-Certification must be obtained prior to all Inpatient admissions, except in the case of an emergency admission. In the event of an emergency inpatient admission, the provider must notify Cigna Healthcare, Inc. within 48 hours of confinement. Failure to obtain required pre-certification could result in a benefit payment reduction or denial.					
Pre-Certification - Outpatient	A Pre-Certification must be obtained prior to selected outpatient procedures and diagnostic testing. Failure to obtain required pre-certification could result in a benefit payment reduction or denial.					
Outpatient Surgery	No Charge Plan pays 100%	You pay 20% Plan pays 80% after deductible is met	No Charge Plan pays 100% No deductible applies	You pay 30% Plan pays 70% No deductible applies	No Charge Plan pays 100% No deductible applies	You pay 40% Plan pays 60% No deductible applies
Emergency Room (co-pay waived if admitted from ER)	You pay $150 per visit, then plan pays 100%	You pay $150 per visit, then plan pays 100%	You pay $150 per visit, then you pay 20%, plan pays 80% after deductible is met	You pay $150 per visit, then you pay 20%, plan pays 80% after deductible is met	You pay $150 per visit, then you pay 30%, plan pays 70% after deductible is met	You pay $150 per visit, then you pay 30%, plan pays 70% after deductible is met
Urgent Care (co-pay waived if admitted (See SPD for further clarification)	You pay $40 per visit, then plan pays 100%	You pay $40 per visit, then plan pays 100%	You pay $30 per visit, then plan pays 100% No deductible applies	You pay $30 per visit, then plan pays 100% No deductible applies	You pay 30% Plan pays 70% after deductible is met	You pay 30% Plan pays 70% after deductible is met

This summary was prepared to show the member's copay, member' portion of the co-insurance and deductibles. This is for illustrative purposes only and does not cover all the terms and conditions of the plan. In the event of any discrepancies, the Plan document will prevail.