

# HSA Plan Option Proposal

MEDICAL BENEFITS	Core	Buy Up	Core	Mid	Buy Up
	Cigna	Cigna	Cigna	Cigna	Cigna
	PPO	PPO	CDHP - HSA Option	PPO	PPO
	Current	Current	Proposed	Proposed	Proposed
<b>Deductible</b>					
In-Network	\$1,000 Ind./ \$2,000 Fam.	\$500 Ind./ \$1,000 Fam.	\$2,600 Ind./ \$5,200 Fam.	\$1,000 Ind./ \$2,000 Fam.	\$500 Ind./ \$1,000 Fam.
Non-Network	\$5,000 Ind. / \$10,000 Fam.	\$2,000 Ind./ \$4,000 Fam.	\$5,200 Ind. /\$10,600 Fam.	\$5,000 Ind. / \$10,000 Fam.	\$2,000 Ind./ \$4,000 Fam.
<b>Out Of Pocket Max</b>					
Includes Ded. / Coins. / Copays					
In-Network	\$3,500 Ind./ \$6,000 Fam.	\$2,000 Ind./ \$4,000 Fam.	\$5,000 Ind./ \$10,000 Fam.	\$3,500 Ind./ \$6,000 Fam.	\$2,000 Ind./ \$4,000 Fam.
Non-Network	\$15,000 Ind./ \$30,000 Fam.	\$10,000 Ind./ \$20,000 Fam.	\$10,000 Ind. / \$20,000 Fam.	\$15,000 Ind./ \$30,000 Fam.	\$10,000 Ind./ \$20,000 Fam.
<b>Coinsurance</b>					
In-Network	20%	20%	20%	20%	20%
Non-Network	40%	40%	40%	40%	40%
<b>Emergency Room</b>					
In-Network	\$150 Copay	\$150 Copay	Ded./ 20%	\$150 Copay	\$150 Copay
Non-Network	\$150 Copay	\$150 Copay	Ded./ 40%	\$150 Copay	\$150 Copay
<b>Urgent Care</b>					
In-Network	\$50 Copay	\$40 Copay	Ded./ 20%	\$50 Copay	\$40 Copay
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 40%	Ded./ 40%	Ded./ 40%
<b>Physician / Specialist Office Visit</b>					
In-Network	\$25 / \$50 Copay	\$25 / \$50 Copay	Ded./ 20%	\$25 / \$50 Copay	\$25 / \$50 Copay
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 40%	Ded./ 40%	Ded./ 40%
<b>Preventive Care</b>					
In-Network	\$0 - No Cost Sharing	\$0 - No Cost Sharing	\$0 - No Cost Sharing	\$0 - No Cost Sharing	\$0 - No Cost Sharing
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 40%	Ded./ 40%	Ded./ 40%
<b>Basic Lab &amp; Radiology</b>					
In-Network	20%*	20%*	Ded./ 20%	20%*	20%*
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 40%	Ded./ 40%	Ded./ 40%
<b>Major Lab &amp; Radiology (MRI / CT / PET)</b>					
In-Network	Ded./ 20%	Ded./ 20%	Ded./ 20%	Ded./ 20%	Ded./ 20%
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 40%	Ded./ 40%	Ded./ 40%
<b>In-Patient Hospital</b>					
In-Network	Ded./ 20%	Ded./ 20%	Ded./ 20%	Ded./ 20%	Ded./ 20%
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 40%	Ded./ 40%	Ded./ 40%
<b>Out-patient Surgery</b>					
In Network	Ded./ 20%	Ded./ 20%	Ded./ 20%	Ded./ 20%	Ded./ 20%
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 40%	Ded./ 40%	Ded./ 40%
<b>Prescriptions</b>					
Network Retail Pharmacy	\$10/\$35/\$60/15%	\$10/\$25/\$50/15%	Deductible then: \$10/\$35/\$60/15%	\$10/\$35/\$60/15%	\$10/\$25/\$50/15%
Network Mail Order	\$20/\$70/\$120	\$20/\$50/\$100	\$20/\$70/\$120	\$20/\$70/\$120	\$20/\$50/\$100
Preventive Generics	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay