Pre-65 Group—Health Plan Comparison

Group Retiree Medical Plans - Plan Year 2021

Description of Service	Cigna Point-of-Service		Cigna Open Access Plus		CIGNA Choice HRA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Employer-funded HRA	None	None	None	None	$1,000/single $2,000/family	$1,000/single $2,000/family
Annual Deductible[1]	None	$1,500/person $4,500/family	$250/person $750/family	$1,500/person $4,500/family	$1,500/person $3,000/family	$2,500/person $5,000/family
Out-of-Pocket (OOP) Maximum	$4,000/person $8,000/family	$5,000/person $15,000/family	$4,000/person $8,000/family	$5,000/person $15,000/family	$6,450/person $12,900/family	$ 6,450/person $12,900/family
Referrals Required	Yes	No	No	No	No	No
Physician Services	[1] after deductible		[3] actual charge if less			
Convenience Care Clinic	$20 copay	N/A	$20 copay	N/A	10% [1]	30% [1]
Physician Office Visit	$20 copay	20% [1]	$20 copay	30% [1]	10% [1]	30% [1]
Specialist Office Visit	$35 copay	20% [1]	$35 copay	30% [1]	10% [1]	30% [1]
Telehealth Services	$20 copay	N/A	$20 copay	N/A	10% [1]	N/A
Maternity Care Services	$20/$35 copay 1st visit	20% [1]	$20/$35 co-pay	30% [1]	10% [1]	30% [1]
Lab Work & X– Rays	Covered in Full	20% [1]	10% [1]	30% [1]	10% [1]	30% [1]
Allergy Injections	$20/$35 copay	20% [1,3]	$20/$35 copay	30% [1]	10% [1]	30% [1]
Preventive Care Benefits	[1] after deductible					
Physician Office Visit	**Covered in Full**	20% [1]	**Covered in Full**	30% [1]	**Covered in Full**	30% [1]
Well Baby/Child Care	**Covered in Full**	20% [1]	**Covered in Full**	30% [1]	**Covered in Full**	30% [1]
Immunizations	**Covered in Full**	20% [1]	**Covered in Full**	30% [1]	**Covered in Full**	30% [1]
Emergency Services	[1] after deductible		[2] applies to in-network OOP maximum			
Urgent Care Centers	$35 copay[2]		$35 copay[2]		10% [1]	10% [1]
Emergency Room	$150 per visit[2]		$150 per visit[2]		10% [1]	10% [1]
Hospital Inpatient & Outpatient	[1] after deductible					
Semi-Private Room	$100 copay	$200 copay then 20% [1]	$100 copay then 10% [1]	$200 copay then 30% [1]	10% [1]	30% [1]
Professional Services	Covered in Full	20% [1]	10%[1]	30% [1]	10% [1]	30% [1]
Outpatient Surgical Procedures (Facility)	$50 copay	$100 copay then 20% [1]	$50 copay then10% [1]	$100 copay then 30% [1]	10% [1]	30% [1]
Professional Fees	Covered in Full	20% [1]	10%[1]	30% [1]	10% [1]	30% [1]
Mental Health / Substance Abuse	[1] after deductible					
Inpatient Days	$100 copay	$200 copay then 20% [1]	$100 copay then 10% [1]	$200 copay then 30% [1]	10% [1]	30% [1]
Outpatient Visits	$35 copay	20% [1]	$35 copay	30%[1]	10% [1]	30% [1]
Express-Scripts	**Pharmacy Benefits – 30 day supply**				[1] after deductible	
Generic	$7	20% (of maximum allowable charges)	$7	30% (of maximum allowable charges)	10% [1]	10% [1]
Brand Name Formulary	$28	20% (of maximum allowable charges)	$28	30% (of maximum allowable charges)	25% [1]	25% [1]
Non-Formulary Brand	$50	20% (of maximum allowable charges)	$50	30% (of maximum allowable charges)	40% [1]	40% [1]

This summary is for informational purposes only and should not be construed as a final representation of benefit coverage. In case of any conflict between this summary and the County's official summary plan description, provisions of the summary plan description will govern.