

Miami County Plan Comparison | July 2023 - June 2024

MEDICAL PLAN OPTIONS	Cigna HDHP w/HSA*			Cigna PPO*		
Participation Level	Total Prem	EE Monthly	EE Annual	Total Prem	EE Monthly	EE Annual
Employee Only	\$584.26	\$0.00	\$0.00	\$825.32	\$21.34	\$256.08
Employee + Spouse	\$1,390.56	\$265.56	\$3,186.72	\$1,947.76	\$417.74	\$5,012.88
Employee + Child(ren)	\$1,262.01	\$241.00	\$2,892.00	\$1,782.70	\$384.20	\$4,610.40
Family	\$1,641.78	\$313.52	\$3,762.24	\$2,187.09	\$471.36	\$5,656.32
Dual Family	\$1,641.78	\$156.46	\$1,877.52	\$2,187.09	\$261.86	\$3,142.32
HSA Employer Contribution		ER Monthly	ER Annual	<i>Only available w/HDHP</i>		
Employee Only		\$211.32	\$2,535.84			
Family		\$369.44	\$4,433.28			
Dual Family		\$422.16	\$5,065.92			
In Network Benefits*	Cigna Open Access Network			Cigna Open Access Network		
Deductible (Single / Family)	\$2,000 / \$4,000			\$1,000 / \$2,000		
Out of Pocket Maximum	\$3,400 / \$6,800 <i>(aggregate if family)</i>			\$6,500 / \$13,000 <i>(Medical & RX copays apply to OPM)</i>		
Physician Care						
Preventative Care	\$0			\$0		
Primary Care Physician	20% after deductible			\$30 office visit copay		
Specialist	20% after deductible			\$45 office visit copay		
Physical Therapy / Mental Health						
Primary Care Physician	20% after deductible			\$30 office visit copay		
Specialist	20% after deductible			\$45 office visit copay		
Hospital / Facility						
Inpatient	20% after deductible			\$0 after deductible		
Outpatient	20% after deductible			\$0 after deductible		
Emergency Room	20% after deductible			\$250 copay		
Urgent Care	20% after deductible			\$75 copay		
Diagnostic Lab & X-ray						
Dr. Office / Independent Lab	20% after deductible			\$0 (plan pays 100%)		
Outpatient Hospital	20% after deductible			\$0 (plan pays 100%)		
Advanced Imaging	20% after deductible			\$0 after deductible		
Maternity						
Physician Care - global bill	20% after deductible			\$0 copay		
Hospital Care	20% after deductible			\$0 after deductible		
Telehealth Services (MD Live)						
Primary or Behavioral Care	20% after deductible			\$30 copay		
Prescription Benefits In Network*	Cigna HDHP w/HSA			Cigna PPO		
Retail Pharmacy - 30 days						
Level 1	20% after deductible			\$10 (or actual cost if less)		
Level 2	20% after deductible			\$40		
Level 3	20% after deductible			\$70		
Specialty - Level 4	20% after deductible			25%		
Max out of Pocket	Combined with Medical			Combined with Medical		

Employee monthly premium rates reflect participation in the county wellness program.

Delta Dental Premiums			
Participation Level	Total Prem	EE Monthly	EE Annual
Employee Only	\$35.48	\$0.00	\$0.00
Family	\$88.71	\$17.74	\$212.88
Dual Family	\$88.71	\$8.88	\$106.56

Cigna Vision Premiums			
Participation Level	Total Prem	EE Monthly	EE Annual
Employee Only	\$6.28	\$0.00	\$0.00
Employee + Spouse	\$12.56	\$0.00	\$0.00
Employee + Child(ren)	\$13.52	\$0.00	\$0.00
Family	\$20.33	\$0.00	\$0.00