

**Midwest Public Risk | Miami County Comparison | July 2019 - June 2020**

Medical Benefit Plans	Cigna Choice Fund - 2000 High Deductible w/HSA	Cigna INO-3 In Network Only w/Deductible
<b>Participation Level</b>	Total Prem   EE Monthly   EE Annual	Total Prem   EE Monthly   EE Annual
Employee Only	\$528.06   \$0.00   \$0.00	\$741.16   \$20.02   \$240.24
Employee + Spouse or Child(ren)	\$1,258.06   \$251.61   \$3,019.32	\$1,751.78   \$394.14   \$4,729.68
Family	\$1,483.68   \$296.74   \$3,560.88	\$1,960.66   \$440.38   \$5,284.56
Dual Family	\$1,483.68   \$148.36   \$1,780.32	\$1,960.66   \$239.18   \$2,870.16
<b>HSA Employer Contribution</b>	ER Monthly   ER Annual	<i>Only available w/Choice Fund</i>
Employee Only	\$193.08   \$2,316.96	
Family	\$333.34   \$4,000.08	
Dual Family	\$386.16   \$4,633.92	
<b>In Network Benefits*</b>	<b>Cigna Open Access Plus</b>	<b>Cigna Open Access Plus</b>
<b>Deductible (Single / Family)</b>	\$2,000 / \$4,000	\$500 / \$1,500
<b>Out of Pocket Maximum</b> (not including deductible):	\$2,000 / \$4,000 (aggregate if family)	\$6,850 / \$13,700 (Medical & RX copays apply to OPM)
<b>Physician Care</b>		
Primary Care Physician	20% after deductible	\$30 office visit copay
Specialist	20% after deductible	\$60 office visit copay
<b>Hospital / Facility</b>		
Inpatient	20% after deductible	\$500 copay, after deductible
Outpatient	20% after deductible	\$250 copay, after deductible
Emergency Room	20% after deductible	\$250 copay, after deductible
Urgent Care	20% after deductible	\$60 copay
<b>Diagnostic Lab &amp; X-ray</b>		
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	\$250 copay, after deductible
<b>Maternity</b>		
Physician Care - global bill	20% after deductible	\$60 copay
Hospital Care	20% after deductible	\$500 copay, after deductible
<b>Cigna Telehealth Services</b> (Provided through MDLive or AMWell)	\$49 applies toward deductible 20% after deductible	\$10 copay
<b>Prescription Benefits In Network*</b>	<b>Cigna Choice Fund - 2000 High Deductible w/HSA</b>	<b>Cigna INO-3 In Network Only w/Deductible</b>
<b>Retail Pharmacy - 30 days</b>		
Level 1	20% after deductible	\$7 (or actual cost if less)
Level 2	20% after deductible	\$45
Level 3	20% after deductible	\$75
Specialty - Level 4	20% after deductible	25%
<b>Mail Order Pharmacy - 90 days</b>		
Level 1	20% after deductible	\$21 (or actual cost if less)
Level 2	20% after deductible	\$135
Level 3	20% after deductible	\$225
Specialty - Level 4	20% after deductible	N/A
<b>Max out of Pocket</b>	Combined with Medical	Combined with Medical

\*For out of network benefits, consult the MPR/Cigna Summary of Benefits

\*\*Refer to myCigna.com or open enrollment materials for details

\*\*\*Refer to myCigna.com or open enrollment materials for Retail Pharmacy Directory

***This is a summary and not a guarantee of payment. If a discrepancy exists, the plan document governs.***

Delta Dental Premiums			
Participation Level	Total Prem	EE Monthly	EE Annual
Employee Only	\$35.88	\$0.00	\$0.00
Family	\$89.36	\$17.86	\$214.32
Dual Family	\$89.36	\$8.94	\$107.28

VSP Vision Premiums			
Participation Level	Total Prem	EE Monthly	EE Annual
Employee Only	\$7.92	\$0.00	\$0.00
Employee + Spouse or Child(ren)	\$15.84	\$0.00	\$0.00
Family	\$22.64	\$0.00	\$0.00