

## Miami County Plan Comparison | July 2022 - June 2023

MEDICAL PLAN OPTIONS	Cigna HDHP w/HSA			Cigna PPO		
<b>Participation Level</b>	Total Prem	EE Monthly	EE Annual	Total Prem	EE Monthly	EE Annual
Employee Only	\$557.87	\$0.00	\$0.00	\$790.53	\$21.34	\$256.08
Employee + Spouse	\$1,327.74	\$265.56	\$3,186.72	\$1,856.64	\$417.74	\$5,012.88
Employee + Child(ren)	\$1,205.01	\$241.00	\$2,892.00	\$1,707.55	\$384.20	\$4,610.40
Family	\$1,567.62	\$313.52	\$3,762.24	\$2,094.89	\$471.36	\$5,656.32
Dual Family	\$1,567.62	\$156.46	\$1,877.52	\$2,094.89	\$261.86	\$3,142.32
<b>HSA Employer Contribution</b>		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		\$422.17	\$5,066.04			
<b>In Network Benefits*</b>	<b>Cigna Open Access Network</b>			<b>Cigna Open Access Network</b>		
<b>Deductible (Single / Family)</b>	\$2,000 / \$4,000			\$1,000 / \$2,000		
<b>Out of Pocket Maximum</b>	\$3,400 / \$6,800 <i>(aggregate if family)</i>			\$6,500 / \$13,000 <i>(Medical &amp; RX copays apply to OPM)</i>		
<b>Physician Care</b>	Preventative Care	\$0		\$0		
	Primary Care Physician	20% after deductible		\$30 office visit copay		
	Specialist	20% after deductible		\$45 office visit copay		
<b>Physical Therapy / Mental Health</b>	Primary Care Physician	20% after deductible		\$30 office visit copay		
	Specialist	20% after deductible		\$45 office visit copay		
<b>Hospital / Facility</b>	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		
<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		\$0 after deductible		
<b>Maternity</b>	Physician Care - global bill	20% after deductible		\$0 copay		
	Hospital Care	20% after deductible		\$0 after deductible		
<b>Telehealth Services (MD Live)</b>	Primary or Behavioral Care	20% after deductible		\$30 copay		
<b>Prescription Benefits In Network*</b>	<b>Cigna HDHP w/HSA</b>			<b>Cigna PPO</b>		
<b>Retail Pharmacy - 30 days</b>	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%		
<b>Max out of Pocket</b>	Combined with Medical			Combined with Medical		

**\*\*\*Call Cigna One Guide for personalized plan and benefit assistance @ 888-806-5094\*\*\***

Delta Dental Premiums			
<b>Participation Level</b>	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			
<b>Participation Level</b>	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