

MEDICAL - CIGNA		2021 Renewal Option Current Plans					
Plan Name		OAP Base	OAP Choice	OAP HDHP			
Plan Platform		Open Access					
Schedule of Benefits					H.S.A Eligible		
Office Visits							
Primary		\$25 Copay	\$15 Copay	Deductible then 20%			
Specialty		\$50 Copay	\$40 Copay	Deductible then 20%			
PCP Necessary		No	No	No			
Referral Necessary		No	No	No			
Diagnostic Services							
Basic Lab/X-ray		Deductible then 30%	Deductible then 20%	Deductible then 20%			
MRI/CT/PET		Deductible then 30%	Deductible then 20%	Deductible then 20%			
After Hours Services							
Emergency Room		Deductible then 30%	Deductible then 20%	Deductible then 20%			
Urgent Care		\$50 Copay	\$40 Copay	Deductible then 20%			
Deductible							
Individual		\$3,500	\$1,500	\$4,500			
Family		\$7,000	\$3,000	\$9,000			
Out of Pocket							
Individual		\$6,500	\$5,000	\$6,500			
Family		\$13,000	\$10,000	\$13,000			
Coinsurance							
Inpatient Hospital		Deductible then 30%	Deductible then 20%	Deductible then 20%			
Per Visit Copay Amount		None	None	None			
Outpatient Services		Deductible then 30%	Deductible then 20%	Deductible then 20%			
Per Procedure Copay Amount		None	None	None			
Pharmacy Services							
Tier 1		\$10	\$10	\$10			
Tier 2		\$40	\$30	\$30			
Tier 3		\$60	\$50	\$60			
Tier 4		none	none	none			
Tier 5		none	none	none			
Drug Deductible		none	none	Medical Plan than Rx copay			
					Enrollment		
	Base	Appeal Renewal	Appeal Renewal	Appeal Renewal	Base	Choice	HDHP
Employee Only	7	\$536.00	\$584.14	\$451.84	8	22	4
Employee / Spouse	1	\$1,125.66	\$1,226.69	\$948.85	0	7	1
Employee / Child(ren)	3	\$1,018.46	\$1,109.86	\$858.48	3	2	0
Employee / Family	0	\$1,608.06	\$1,752.40	\$1,355.50	1	11	0
Monthly Totals		\$8,951.44	\$42,934.03	\$2,756.21			
Monthly Total Both Plans		\$54,641.68					
Compared to Current		6.00%					
2021 DENTAL and VISION RENEWAL				NO CHANGE			
Dental	Beta Health		Metlife				
Plan Name	Alpha		Plan B				
Benefit Overview			In Network	Out of Network			
Deductible (Calendar Year)	None		\$50/\$150	\$50/\$150			
Preventive	Save up to 100%		100%	100%			
Basic	Save up to 80%		80%	80%			
Endo/Perio	Save up to 60%		80%	80%			
Major	Save up to 60%		50%	50%			
Waiting Period	No Wait		No Wait	No Wait			
Orthodontia	Save up to 23%		50%	50%			
Orthodontia Lifetime Max	NA		\$1,000				
Annual Maximum	Unlimited		\$1500/person				
Comments							
	Current	Renewal	Current	Renewal			
Monthly Premium Rates							
Employee Only	\$10.58	\$10.58	\$33.58	\$33.58			
Employee/Spouse	\$19.58	\$19.58	\$67.32	\$67.32			
Employee/Child(ren)	\$26.78	\$26.78	\$72.89	\$72.89			
Family	\$32.18	\$32.18	\$119.34	\$119.34			
Vision	Eye Med						
Plan Name	CL Vision Select						
Benefit Overview							
Exam	\$10						
Materials	\$25						
Frames / Contacts	\$130 Allowance						
Frequency / Maximum							
Exam	Once every 12 months						
Lenses	Once every 12 months						
Frames	Once every 24 months						
	Current	Renewal					
Monthly Premium Rate							
Employee	\$4.48	\$4.48					
Employee + Spouse	\$8.50	\$8.50					
Employee + Child(ren)	\$8.95	\$8.95					
Employee + Family	\$13.16	\$13.16					

