MEDICAL - CIGNA		2021 F	Renewal Option Current Plans						
Plan Name		OAP Base	OAP Choice	OAP HDHP					
Plan Platform		3.11. 24.00	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	1	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		Dad al'hlada a 200/	Dad alle de a 2000	Deal allelants a 2007					
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		A			
Family		\$7,000	\$3,000	\$9,000	E	~ ·	727	3	
Out of Pocket		ψ <i>τ</i> ,σσσ	73,600	73,000	BE	NEFITS	BROKE	R	
Individual		\$6,500	\$5,000	\$6,500		Est.19	98		
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	ļ				
Tier 5		none	none	none					
Drug Deductible		none	none	Medical Plan than Rx copa	1	Enrollment			
	Base	Appeal Renewal	Appeal Renewal	Appeal Renewal		Choice	HDHP		
					Base				
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 0	\$1,018.46 \$1,608.06	\$1,109.86 \$1,752.40	\$858.48 \$1,355.50		3 <u>2</u> 1 11	0		
Employee / Family Monthly Totals	U	\$8,951.44	\$42,934.03	\$2,756.21		1 11	0		
Monthly Total Both Plans		38,931.44	\$54,641.68	32,730.21					
Compared to Current		6.00%	43 1)6 12106						
55.74									
2021 DENTAL and VISION RENI	EWAL		NO CHANGE						
Dental		Beta Health	Metlife						
Plan Name		Alpha	Plan B						
Benefit Overview			l Pian B						
Deductible (Calendar Year)			In Network	Out of Network					
Duo, comb ² : :-		None							
Preventive		None Save up to 100%	In Network \$50/\$150 100%	Out of Network \$50/\$150 100%					
Basic		Save up to 100% Save up to 80%	In Network \$50/\$150 100% 80%	Out of Network \$50/\$150 100% 80%					
Basic Endo/Perio		Save up to 100% Save up to 80% Save up to 60%	In Network \$50/\$150 100% 80% 80%	Out of Network \$50/\$150 100% 80% 80%					
Basic Endo/Perio Major		Save up to 100% Save up to 80% Save up to 60% Save up to 60%	In Network \$50/\$150 100% 80% 80% 50%	Out of Network \$50/\$150 100% 80% 80% 50%					
Basic Endo/Perio Major Waiting Period		Save up to 100% Save up to 80% Save up to 60% Save up to 60% No Wait	In Network \$50/\$150 100% 80% 80% 50% No Wait	Out of Network \$50/\$150 100% 80% 80% 50% No Wait					
Basic Endo/Perio Major		Save up to 100% Save up to 80% Save up to 60% Save up to 60%	In Network \$50/\$150 100% 80% 80% 50%	Out of Network \$50/\$150 100% 80% 80% 50% No Wait 50%					
Basic Endo/Perio Major Waiting Period Orthodontia		Save up to 100% Save up to 80% Save up to 60% Save up to 60% No Wait Save up to 23%	In Network \$50/\$150 100% 80% 80% 50% No Wait 50%	Out of Network \$50/\$150 100% 80% 80% 50% No Wait 50%					
Basic Endo/Perio Major Waiting Period Orthodontia Orthodontia Lifetime Max		Save up to 100% Save up to 80% Save up to 60% Save up to 60% No Wait Save up to 23% NA Unlimited	In Network \$50/\$150 100% 80% 80% 50% No Wait 50% \$1,000 \$1500/per	Out of Network \$50/\$150 100% 80% 80% 50% No Wait 50%					
Basic Endo/Perio Major Waiting Period Orthodontia Orthodontia Lifetime Max Annual Maximum Comments	Current	Save up to 100% Save up to 80% Save up to 60% Save up to 60% No Wait Save up to 23% NA	In Network \$50/\$150 100% 80% 80% 50% No Wait 50% \$1,000	Out of Network \$50/\$150 100% 80% 80% 50% No Wait 50%					
Basic Endo/Perio Major Waiting Period Orthodontia Orthodontia Lifetime Max Annual Maximum Comments Monthly Premium Rates		Save up to 100% Save up to 80% Save up to 60% Save up to 60% No Wait Save up to 23% NA Unlimited	In Network \$50/\$150 100% 80% 80% 50% No Wait 50% \$1,000 \$1500/per	Out of Network \$50/\$150 100% 80% 80% \$50% No Wait 50% Soon					
Basic Endo/Perio Major Waiting Period Orthodontia Orthodontia Lifetime Max Annual Maximum Comments Monthly Premium Rates Employee Only	\$10.58	Save up to 100% Save up to 80% Save up to 60% Save up to 60% No Wait Save up to 23% NA Unlimited **Renewal**	In Network \$50/\$150 100% 80% 80% 50% No Wait 50% \$1,000 \$1500/per	Out of Network \$50/\$150 100% 80% 80% 50% No Wait 50% Soon Renewal \$33.58					
Basic Endo/Perio Major Waiting Period Orthodontia Orthodontia Lifetime Max Annual Maximum Comments Monthly Premium Rates Employee Only Employee/Spouse	\$10.58 \$19.58	Save up to 100% Save up to 80% Save up to 60% Save up to 60% No Wait Save up to 23% NA Unlimited ### Renewal \$10.58 \$19.58	In Network \$50/\$150 100% 80% 80% 50% No Wait 50% \$1,000 \$1500/per	Out of Network \$50/\$150 100% 80% 80% \$50% No Wait 50% Soon Renewal \$33.58 \$67.32					
Basic Endo/Perio Major Waiting Period Orthodontia Orthodontia Lifetime Max Annual Maximum Comments Monthly Premium Rates Employee Only Employee/Spouse Employee/Child(ren)	\$10.58 \$19.58 \$26.78	Save up to 100% Save up to 80% Save up to 60% Save up to 60% No Wait Save up to 23% NA Unlimited Renewal \$10.58 \$19.58 \$26.78	In Network \$50/\$150 100% 80% 80% 50% No Wait 50% \$1,000 \$1500/per Current \$33.58 \$67.32 \$72.89	Out of Network \$50/\$150 100% 80% 80% 50% No Wait 50% Soon Renewal \$33.58 \$67.32 \$72.89					
Basic Endo/Perio Major Waiting Period Orthodontia Orthodontia Lifetime Max Annual Maximum Comments Monthly Premium Rates Employee Only Employee/Spouse	\$10.58 \$19.58	Save up to 100% Save up to 80% Save up to 60% Save up to 60% No Wait Save up to 23% NA Unlimited ### Renewal \$10.58 \$19.58	In Network \$50/\$150 100% 80% 80% 50% No Wait 50% \$1,000 \$1500/per	Out of Network \$50/\$150 100% 80% 80% \$50% No Wait 50% Soon Renewal \$33.58 \$67.32					
Basic Endo/Perio Major Waiting Period Orthodontia Orthodontia Lifetime Max Annual Maximum Comments Monthly Premium Rates Employee Only Employee/Spouse Employee/Child(ren) Family	\$10.58 \$19.58 \$26.78	Save up to 100% Save up to 80% Save up to 60% Save up to 60% No Wait Save up to 23% NA Unlimited ### Renewal \$10.58 \$19.58 \$26.78 \$32.18	In Network \$50/\$150 100% 80% 80% 50% No Wait 50% \$1,000 \$1500/per Current \$33.58 \$67.32 \$72.89	Out of Network \$50/\$150 100% 80% 80% 50% No Wait 50% Soon Renewal \$33.58 \$67.32 \$72.89					
Basic Endo/Perio Major Waiting Period Orthodontia Orthodontia Lifetime Max Annual Maximum Comments Monthly Premium Rates Employee Only Employee/Spouse Employee/Child(ren)	\$10.58 \$19.58 \$26.78	Save up to 100% Save up to 80% Save up to 60% Save up to 60% No Wait Save up to 23% NA Unlimited Renewal \$10.58 \$19.58 \$26.78	In Network \$50/\$150 100% 80% 80% 50% No Wait 50% \$1,000 \$1500/per Current \$33.58 \$67.32 \$72.89	Out of Network \$50/\$150 100% 80% 80% 50% No Wait 50% Soon Renewal \$33.58 \$67.32 \$72.89					
Basic Endo/Perio Major Waiting Period Orthodontia Orthodontia Lifetime Max Annual Maximum Comments Monthly Premium Rates Employee Only Employee/Spouse Employee/Child(ren) Family Vision	\$10.58 \$19.58 \$26.78	Save up to 100% Save up to 80% Save up to 60% Save up to 60% No Wait Save up to 23% NA Unlimited ### Renewal \$10.58 \$19.58 \$26.78 \$32.18 Eye Med	In Network \$50/\$150 100% 80% 80% 50% No Wait 50% \$1,000 \$1500/per Current \$33.58 \$67.32 \$72.89	Out of Network \$50/\$150 100% 80% 80% 50% No Wait 50% Soon Renewal \$33.58 \$67.32 \$72.89					
Basic Endo/Perio Major Waiting Period Orthodontia Orthodontia Lifetime Max Annual Maximum Comments Monthly Premium Rates Employee Only Employee/Spouse Employee/Child(ren) Family Vision Plan Name	\$10.58 \$19.58 \$26.78	Save up to 100% Save up to 80% Save up to 60% Save up to 60% No Wait Save up to 23% NA Unlimited ### Renewal \$10.58 \$19.58 \$26.78 \$32.18 Eye Med	In Network \$50/\$150 100% 80% 80% 50% No Wait 50% \$1,000 \$1500/per Current \$33.58 \$67.32 \$72.89	Out of Network \$50/\$150 100% 80% 80% 50% No Wait 50% Soon Renewal \$33.58 \$67.32 \$72.89					
Basic Endo/Perio Major Waiting Period Orthodontia Orthodontia Lifetime Max Annual Maximum Comments Monthly Premium Rates Employee Only Employee/Spouse Employee/Child(ren) Family Vision Plan Name Benefit Overview Exam Materials	\$10.58 \$19.58 \$26.78	Save up to 100% Save up to 80% Save up to 60% No Wait Save up to 23% NA Unlimited ### Renewal \$10.58 \$19.58 \$26.78 \$32.18 Eye Med CL Vision Select \$10 \$25	In Network \$50/\$150 100% 80% 80% 50% No Wait 50% \$1,000 \$1500/per Current \$33.58 \$67.32 \$72.89	Out of Network \$50/\$150 100% 80% 80% 50% No Wait 50% Soon Renewal \$33.58 \$67.32 \$72.89					
Basic Endo/Perio Major Waiting Period Orthodontia Orthodontia Lifetime Max Annual Maximum Comments Monthly Premium Rates Employee Only Employee/Spouse Employee/Child(ren) Family Vision Plan Name Benefit Overview Exam	\$10.58 \$19.58 \$26.78	Save up to 100% Save up to 80% Save up to 60% Save up to 60% No Wait Save up to 23% NA Unlimited Renewal \$10.58 \$19.58 \$26.78 \$32.18 Eye Med CL Vision Select	In Network \$50/\$150 100% 80% 80% 50% No Wait 50% \$1,000 \$1500/per Current \$33.58 \$67.32 \$72.89	Out of Network \$50/\$150 100% 80% 80% 50% No Wait 50% Soon Renewal \$33.58 \$67.32 \$72.89					
Basic Endo/Perio Major Waiting Period Orthodontia Orthodontia Lifetime Max Annual Maximum Comments Monthly Premium Rates Employee Only Employee/Spouse Employee/Child(ren) Family Vision Plan Name Benefit Overview Exam Materials Frames / Contacts	\$10.58 \$19.58 \$26.78	Save up to 100% Save up to 80% Save up to 60% No Wait Save up to 23% NA Unlimited ### Renewal \$10.58 \$19.58 \$26.78 \$32.18 Eye Med CL Vision Select \$10 \$25	In Network \$50/\$150 100% 80% 80% 50% No Wait 50% \$1,000 \$1500/per Current \$33.58 \$67.32 \$72.89	Out of Network \$50/\$150 100% 80% 80% 50% No Wait 50% Soon Renewal \$33.58 \$67.32 \$72.89					
Basic Endo/Perio Major Waiting Period Orthodontia Orthodontia Lifetime Max Annual Maximum Comments Monthly Premium Rates Employee Only Employee/Spouse Employee/Child(ren) Family Vision Plan Name Benefit Overview Exam Materials Frames / Contacts Frequency / Maximum	\$10.58 \$19.58 \$26.78	Save up to 100% Save up to 80% Save up to 60% No Wait Save up to 23% NA Unlimited Renewal \$10.58 \$19.58 \$26.78 \$32.18 Eye Med CL Vision Select \$10 \$25 \$130 Allowance	In Network \$50/\$150 100% 80% 80% 50% No Wait 50% \$1,000 \$1500/per Current \$33.58 \$67.32 \$72.89	Out of Network \$50/\$150 100% 80% 80% 50% No Wait 50% Soon Renewal \$33.58 \$67.32 \$72.89					
Basic Endo/Perio Major Waiting Period Orthodontia Orthodontia Lifetime Max Annual Maximum Comments Monthly Premium Rates Employee Only Employee/Spouse Employee/Child(ren) Family Vision Plan Name Benefit Overview Exam Materials Frames / Contacts Frequency / Maximum Exam	\$10.58 \$19.58 \$26.78	Save up to 100% Save up to 80% Save up to 60% No Wait Save up to 23% NA Unlimited Renewal \$10.58 \$19.58 \$26.78 \$32.18 Eye Med CL Vision Select \$10 \$25 \$130 Allowance	In Network \$50/\$150 100% 80% 80% 50% No Wait 50% \$1,000 \$1500/per Current \$33.58 \$67.32 \$72.89	Out of Network \$50/\$150 100% 80% 80% 50% No Wait 50% Soon Renewal \$33.58 \$67.32 \$72.89					
Basic Endo/Perio Major Waiting Period Orthodontia Orthodontia Lifetime Max Annual Maximum Comments Monthly Premium Rates Employee Only Employee/Spouse Employee/Child(ren) Family Vision Plan Name Benefit Overview Exam Materials Frames / Contacts Frequency / Maximum Exam Lenses	\$10.58 \$19.58 \$26.78	Save up to 100% Save up to 80% Save up to 60% No Wait Save up to 23% NA Unlimited Renewal \$10.58 \$19.58 \$26.78 \$32.18 Eye Med CL Vision Select \$10 \$25 \$130 Allowance	In Network \$50/\$150 100% 80% 80% 50% No Wait 50% \$1,000 \$1500/per Current \$33.58 \$67.32 \$72.89	Out of Network \$50/\$150 100% 80% 80% 50% No Wait 50% Soon Renewal \$33.58 \$67.32 \$72.89					
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Basic Endo/Perio Major Waiting Period Orthodontia Orthodontia Lifetime Max Annual Maximum Comments Monthly Premium Rates Employee Only Employee/Spouse Employee/Child(ren) Family Vision Plan Name Benefit Overview Exam Materials Frames / Contacts Frequency / Maximum Exam Lenses Frames	\$10.58 \$19.58 \$26.78	Save up to 100% Save up to 80% Save up to 60% No Wait Save up to 23% NA Unlimited Renewal \$10.58 \$19.58 \$26.78 \$32.18 Eye Med CL Vision Select \$10 \$25 \$130 Allowance	In Network \$50/\$150 100% 80% 80% 50% No Wait 50% \$1,000 \$1500/per Current \$33.58 \$67.32 \$72.89	Out of Network \$50/\$150 100% 80% 80% 50% No Wait 50% Soon Renewal \$33.58 \$67.32 \$72.89					
Basic Endo/Perio Major Waiting Period Orthodontia Orthodontia Lifetime Max Annual Maximum Comments Monthly Premium Rates Employee Only Employee/Spouse Employee/Child(ren) Family Vision Plan Name Benefit Overview Exam Materials Frames / Contacts Frequency / Maximum Exam Lenses Frames Monthly Premium Rate	\$10.58 \$19.58 \$26.78 \$32.18	Save up to 100% Save up to 80% Save up to 60% No Wait Save up to 23% NA Unlimited Renewal \$10.58 \$19.58 \$26.78 \$32.18 Eye Med CL Vision Select \$10 \$25 \$130 Allowance Once every 12 months Once every 24 months Once every 24 months	In Network \$50/\$150 100% 80% 80% 50% No Wait 50% \$1,000 \$1500/per Current \$33.58 \$67.32 \$72.89	Out of Network \$50/\$150 100% 80% 80% 50% No Wait 50% Soon Renewal \$33.58 \$67.32 \$72.89					
Basic Endo/Perio Major Waiting Period Orthodontia Orthodontia Lifetime Max Annual Maximum Comments Monthly Premium Rates Employee Only Employee/Spouse Employee/Child(ren) Family Vision Plan Name Benefit Overview Exam Materials Frames / Contacts Frequency / Maximum Exam Lenses Frames	\$10.58 \$19.58 \$26.78 \$32.18	Save up to 100% Save up to 80% Save up to 60% No Wait Save up to 23% NA Unlimited Renewal \$10.58 \$19.58 \$26.78 \$32.18 Eye Med CL Vision Select \$10 \$25 \$130 Allowance Once every 12 months Once every 24 months Once every 24 months Renewal	In Network \$50/\$150 100% 80% 80% 50% No Wait 50% \$1,000 \$1500/per Current \$33.58 \$67.32 \$72.89	Out of Network \$50/\$150 100% 80% 80% 50% No Wait 50% Soon Renewal \$33.58 \$67.32 \$72.89					
Basic Endo/Perio Major Waiting Period Orthodontia Orthodontia Lifetime Max Annual Maximum Comments Monthly Premium Rates Employee Only Employee/Spouse Employee/Child(ren) Family Vision Plan Name Benefit Overview Exam Materials Frames / Contacts Frequency / Maximum Exam Lenses Frames Monthly Premium Rate Employee	\$10.58 \$19.58 \$26.78 \$32.18	Save up to 100% Save up to 80% Save up to 60% No Wait Save up to 23% NA Unlimited Renewal \$10.58 \$19.58 \$26.78 \$32.18 Eye Med CL Vision Select \$10 \$25 \$130 Allowance Once every 12 months Once every 24 months Once every 24 months Renewal \$4.48	In Network \$50/\$150 100% 80% 80% 50% No Wait 50% \$1,000 \$1500/per Current \$33.58 \$67.32 \$72.89	Out of Network \$50/\$150 100% 80% 80% 50% No Wait 50% Soon Renewal \$33.58 \$67.32 \$72.89					