

Carrier		2021 Cigna Current Plans			2022 PSHCG Option Plans				
Plan Name		OAP Base	OAP Choice	OAP HDHP	PPO Plan C	PPO Plan B	PPO Plan E	PPO Plan D	Plan A
Plan Platform		Open Access			UHC choice Plus PPO				
Schedule of Benefits				H.S.A Eligible			H.S.A Eligible	H.S.A Eligible	
Office Visits									
Primary		\$25 Copay	\$15 Copay	Deductible then 20%	\$0	\$30	Deductible then 10%	Deductible then 0%	\$25
Specialty		\$50 Copay	\$40 Copay	Deductible then 20%	\$50	\$50	Deductible then 10%	Deductible then 0%	\$50
PCP Necessary		No	No	No	No	No	No	No	No
Referral Necessary		No	No	No	No	No	No	No	No
Diagnostic Services									
Basic Lab/X-ray		Deductible then 30%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 0%	Deductible then 10%	Deductible then 0%	Deductible then 20%
MRI/CT/PET		Deductible then 30%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 0%	Deductible then 10%	Deductible then 0%	Deductible then 20%
After Hours Services									
Emergency Room		Deductible then 30%	Deductible then 20%	Deductible then 20%	Deductible then 20%	\$400	Deductible then 10%	Deductible then 0%	\$400
Urgent Care		\$50 Copay	\$40 Copay	Deductible then 20%	\$0	\$30	Deductible then 10%	Deductible then 0%	\$25
Deductible									
Individual		\$3,500	\$1,500	\$4,500	\$3,000	\$3,000	\$3,500	\$2,500	\$1,000
Family		\$7,000	\$3,000	\$9,000	\$6,000	\$9,000	\$7,000	\$5,000	\$3,000
Out of Pocket									
Individual		\$6,500	\$5,000	\$6,500	\$6,500	\$6,000	\$4,500	\$3,500	\$4,500
Family		\$13,000	\$10,000	\$13,000	\$13,000	\$12,700	\$9,000	\$7,000	\$12,700
Coinsurance									
Inpatient Hospital		Deductible then 30%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 0%	Deductible then 10%	Deductible then 0%	Deductible then 20%
Per Visit Copay Amount		None	None	None	None	None	None	None	None
Outpatient Services		Deductible then 30%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 0%	Deductible then 10%	Deductible then 0%	Deductible then 20%
Per Procedure Copay Amount		None	None	None	None	None	None	None	None
Pharmacy Services									
Tier 1		\$10	\$10	\$10	\$5	\$15	\$15	\$15	\$10
Tier 2		\$40	\$30	\$30	\$40	\$40	\$40	\$40	\$30
Tier 3		\$60	\$50	\$60	\$60	\$70	\$70	\$70	\$60
Tier 4		none	none	none	25% to Maximum of \$500	25% to Maximum of \$500	25% to Maximum of \$500	25% to Maximum of \$500	25% to Maximum of \$500
Tier 5		none	none	none	none	none	none	none	none
Drug Deductible		none	none	Medical Plan than Rx copay	none	none	Medical Plan than Rx copay	Medical Plan than Rx copay	
							Non EMBEDDED CYD/OOP		
		Current	Current	Current	Option	Option	Option	Option	Option
Employee Only		\$536.00	\$584.14	\$451.84	\$572.67	\$662.18	\$559.64	\$628.48	\$729.49
Employee / Spouse		\$1,125.66	\$1,226.69	\$948.85	\$1,264.23	\$1,461.71	\$1,235.59	\$1,387.42	\$1,609.76
Employee / Child(ren)		\$1,018.46	\$1,109.86	\$858.48	\$1,031.60	\$1,192.80	\$1,008.15	\$1,132.11	\$1,313.96
Employee / Family		\$1,608.05	\$1,752.40	\$1,355.50	\$1,777.82	\$2,055.63	\$1,737.47	\$1,951.06	\$2,264.26
Monthly Totals		\$10,023.43	\$44,102.34	\$5,557.57	\$10,599.32	\$50,989.43	\$7,123.16		
Monthly Total All Plans		\$59,683.34			\$68,711.91				
				Compared to Current	14.94%				

Enrollment at Renewal		
Base	Choice	HDHP
10	26	3
0	8	3
3	3	0
1	9	1