

2021 Medical Plan Comparison Sheet

	Plus Plan	Basic Plan	HDHP Plan*
Office Visit	\$30.00	\$30.00	Subject to Deductible
Specialist	\$50.00	Subject to Deductible	Subject to Deductible
Urgent Care	\$75.00	Subject to Deductible	Subject to Deductible
Telemedicine	\$10.00	\$10.00	\$65.00
Onsite Clinic	\$0.00	\$0.00	\$45.00
Emergency Room	\$250 Copay/then Deductible	Subject to Deductible	Subject to Deductible
Preventative Visit	\$0.00	\$0.00	\$0.00
Deductible			
Deductible - Individual	\$800.00	\$1,500.00	\$2,800.00
Deductible - Family	\$2,400.00	\$4,500.00	\$5,600.00
Out of Pocket Maximum(OOPM)			
OOPM - Individual	\$4,000.00	\$6,000.00	\$6,550.00
OOPM - Family	\$8,000.00	\$12,000.00	\$13,100.00
Premiums - Monthly			
Employee Only	\$178.61	\$90.13	\$44.30
Emp + Child(ren)	\$346.28	\$116.96	\$74.38
Emp + Spouse	\$456.54	\$206.06	\$112.60
Family	\$674.01	\$313.32	\$175.61
Premiums - Annual			
Employee Only	\$2,143.32	\$1,081.56	\$531.60
Emp + Child(ren)	\$4,155.36	\$1,403.52	\$892.56
Emp + Spouse	\$5,478.48	\$2,472.72	\$1,351.20
Family	\$8,088.12	\$3,759.84	\$2,107.32
Maximum Annual Liability (OOPM + Premiums)			
Employee Only	\$6,143.32	\$7,081.56	\$7,081.60
Emp + Child(ren)	\$12,155.36	\$13,403.52	\$13,992.56
Emp + Spouse	\$13,478.48	\$14,472.72	\$14,451.20
Family	\$16,088.12	\$15,759.84	\$15,207.32
			*H.S.A Seed Dollars (\$500 Employee Only/ \$1,000 All Dependent Tiers)
			* Hospital Indemnity
Prescriptions - 30 Day			
Generic Maintenance	\$10 Copay	\$10 Copay	Subject to Deductible
Generic Non-Maintenance	\$10 Copay	\$10 Copay	Subject to Deductible
Preferred Brand	50% to a max of \$100	50% to a max of \$100	Subject to Deductible
Non-Preferred Brand	50% to a max of \$250	50% to a max of \$250	Subject to Deductible
Specialty	50% to a max of \$250	50% to a max of \$250	Subject to Deductible
Prescriptions - 90 Day			
Generic Maintenance	\$25 Copay	\$25 Copay	Subject to Deductible
Generic Non-Maintenance	\$25 Copay	\$25 Copay	Subject to Deductible
Preferred Brand	50% to a max of \$250	50% to a max of \$250	Subject to Deductible
Non-Preferred Brand	50% to a max of \$500	50% to a max of \$500	Subject to Deductible
Specialty	Not Covered	Not Covered	Not Covered
Prescriptions - Cigna Home Delivery(90 Day)			
Generic Maintenance	\$25 Copay	\$25 Copay	Subject to Deductible
Generic Non-Maintenance	\$25 Copay	\$25 Copay	Subject to Deductible
Preferred Brand	50% to a max of \$250	50% to a max of \$250	Subject to Deductible
Non-Preferred Brand	50% to a max of \$500	50% to a max of \$500	Subject to Deductible
Specialty	Not Covered	Not Covered	Not Covered