

Medical Plans

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| <p>In-Network \$450 Calendar year deductible Plan pays 90% you pay 10% Individual out of pocket \$1,750 Family out of pocket \$4,750</p> <p>Preventative care covered at 100%</p> | <p align="center"><u>BlueCross BlueShield PPO</u></p> <p>Out of Network \$800 calendar year deductible Plan pays 70% you pay 30% Individual out of pocket \$3,000 Family out of pocket \$9,000</p> <p>Preventative care covered at 100%</p> | <p>Prescriptions through Blue Cross \$5 Generic \$20 Name Brand \$30 Non-preferred Brand 90 day supply for one co-pay only through Blue Cross mail order</p> <p>Preventative care covered at 100%</p> |
| <p>In-Network Office visit co-pay family doctor \$15 Office visit co-pay specialist \$20 In-patient hospital co-pay \$100 Emergency room co-pay \$250 Out patient surgery co-pay \$50 Urgent Care facility co-pay \$50 Plan pays 100% after co-pays External Prosthetics \$200 deductible then plan pays 100%</p> <p>Preventative care covered at 100%</p> | <p align="center"><u>CIGNA HMO</u></p> <p>Out of Network no coverage</p> <p>Preventative care covered at 100%</p> | <p>Prescriptions through CIGNA \$10 Generic \$20 Name Brand \$40 Non-preferred Brand 90 day supply at mail order -\$25 Generic \$55 Brand \$115 Non-preferred Brand</p> <p>Preventative care covered at 100%</p> |
| <p>In-Network \$2,500 Individual/\$5,000 Family calendar year deductible Plan pays 80% you pay 20% Individual out of pocket \$4,000 Family out of pocket \$8,000</p> <p>Preventative care covered at 100%</p> | <p align="center"><u>CIGNA HD HEALTH PLAN</u></p> <p>Out of Network \$7,500 Individual/\$15,000 Family calendar year deductible Plan pays 60% you pay 40% Individual out of pocket \$12,000 Family out of pocket \$24,000</p> <p>Preventative care covered at 100%</p> | <p>Prescriptions through CIGNA You pay 30% Generic 40% Name Brand 50% Non-preferred Brand - Retail (30 day supply) -Home Delivery (90 day supply)</p> <p>Preventative care covered at 100%</p> |