

Midwest Public Risk | Miami County Plan Comparison | July 2018 - June 2019

Medical Benefit Plans	Cigna INO-1 In Network Only Buy Up			Cigna INO-2 In Network Only Base			Cigna Choice Fund - 1500 High Deductible w/HSA		
Participation Level	Total Prem	EE Monthly	EE Annual	Total Prem	EE Monthly	EE Annual	Total Prem	EE Monthly	EE Annual
Employee Only	\$731.24	\$79.08	\$948.96	\$652.16	\$0.00	\$0.00	\$459.12	\$0.00	\$0.00
Employee + Spouse or Child(ren)	\$1,726.78	\$570.70	\$6,848.40	\$1,541.42	\$385.34	\$4,624.08	\$1,065.58	\$266.40	\$3,196.80
Family	\$1,929.32	\$635.40	\$7,624.80	\$1,725.22	\$431.30	\$5,175.60	\$1,263.28	\$315.82	\$3,789.84
Dual Family	\$1,929.32	\$419.74	\$5,036.88	\$1,725.22	\$215.64	\$2,587.68	\$1,263.28	\$157.92	\$1,895.04
HSA Employer Contribution	<i>Only available to Cigna Choice Fund participants</i>						ER Monthly	ER Annual	
Employee Only							\$193.04	\$2,316.48	
Family							\$346.46	\$4,157.52	
Dual Family							\$404.22	\$4,850.64	
In Network Benefits*	Cigna Open Access Plus			Cigna Open Access Plus			Cigna Open Access Plus		
Deductible (Single / Family)	N/A			N/A			\$1,500 / \$3,000		
Out of Pocket Maximum (not including deductible):	\$6,850 / \$13,700 <i>(Medical & RX copays apply to Out of Pocket Maximum)</i>			\$6,850 / \$13,700 <i>(Medical & RX copays apply to Out of Pocket Maximum)</i>			\$1,500 / \$3,000 (aggregate if family)		
Physician Care	<i>Preventive care and certain preventative medications are paid at 100%**</i>								
Primary Care Physician	\$25 office visit copay			\$30 office visit copay			20% after deductible		
Specialist	\$50 office visit copay			\$60 office visit copay			20% after deductible		
Hospital / Facility									
Inpatient	\$200 copay per day			\$500 copay per day			20% after deductible		
Outpatient	\$100 copay			\$250 copay			20% after deductible		
Emergency Room	\$100 copay			\$250 copay			20% after deductible		
Urgent Care	\$50 copay			\$60 copay			20% after deductible		
Diagnostic Lab & X-ray									
Dr. Office / Independent Lab	\$0 (plan pays 100%)			\$0 (plan pays 100%)			20% after deductible		
Outpatient Hospital	\$0 (plan pays 100%)			\$0 (plan pays 100%)			20% after deductible		
Advanced Imaging	\$100 copay			\$250 copay			20% after deductible		
Maternity									
Physician Care - global bill	\$50 copay			\$60 copay			20% after deductible		
Hospital Care	\$200 copay per day			\$500 copay per day			20% after deductible		
Cigna Telehealth Services (Provided through MDLive or AMWell)	\$10 copay			\$10 copay			\$42 applies toward deductible		
Prescription Benefits	Cigna INO-1 In Network Only Buy Up			Cigna INO-2 In Network Only Base			Cigna Choice Fund - 1500 High Deductible w/HSA		
Retail Pharmacy - 30 days									
Level 1	\$7 (or actual cost if less)			\$7 (or actual cost if less)			20% after deductible		
Level 2	\$40			\$45			20% after deductible		
Level 3	\$70			\$75			20% after deductible		
Specialty - Level 4	25%			25%			20% after deductible		
Mail Order Pharmacy - 90 days	<i>Cigna home delivery or retail through Cigna Now 90***</i>								
Level 1	\$21 (or actual cost if less)			\$21 (or actual cost if less)			20% after deductible		
Level 2	\$120			\$135			20% after deductible		
Level 3	\$210			\$225			20% after deductible		
Specialty - Level 4	N/A			N/A			20% after deductible		
Max out of Pocket	Combined with Medical			Combined with Medical			Combined with Medical		

*For out of network benefits, consult the MPR/Cigna Summary of Benefits

**Refer to myCigna.com or open enrollment materials for details

***Refer to myCigna.com or open enrollment materials for Retail Pharmacy Directory

This is a summary and not a guarantee of payment. If a discrepancy exists, the plan document governs.

Delta Dental Premiums			
Participation Level	Total Prem	EE Monthly	EE Annual
Employee Only	\$35.88	\$0.00	\$0.00
Family	\$89.36	\$17.86	\$214.32
Dual Family	\$89.36	\$8.94	\$107.28

VSP Vision Premiums			
Participation Level	Total Prem	EE Monthly	EE Annual
Employee Only	\$7.84	\$0.00	\$0.00
Employee + Spouse or Child(ren)	\$15.68	\$0.00	\$0.00
Family	\$22.40	\$0.00	\$0.00