

Medical Insurance Plan Options and Costs

| Cigna | The Preserver | The Protector | The Protector Plus | |
|---|--|---|---|------------------------------------|
| | Employee Cost Per Paycheck | | | |
| | <i>If you have a spouse that is also an employee, speak to HR for discounted contributions</i> | | | |
| Employee | \$3.50 | \$62.50 | \$69.50 | |
| Employee & Spouse | \$72.50 | \$167.50 | \$217.50 | |
| Employee & Child(ren) | \$55.50 | \$140.50 | \$182.50 | |
| Employee & Family | \$114.00 | \$263.50 | \$342.00 | |
| | In-Network | In-Network | In-Network | Out-of-Network |
| Company Contribution to HSA | \$500 / \$1,000 for 2020 | N/A | N/A | |
| Deductible Individual / Family | \$1,750 / \$3,500 | \$500 / \$1,000 | \$500 / \$1,000 | \$1,000 / \$2,000 |
| Out-of-Pocket Maximum Individual / Family <i>(includes deductible, coinsurance & copays)</i> | \$2,500 / \$4,500 | \$3,000 / \$6,000 | \$3,000 / \$6,000 | \$3,000 / \$6,000 |
| Office Visit Primary Care Physician / Specialist | Deductible, then no charge | \$25 copay/ \$35 copay | \$25 copay / \$35 copay | Deductible, then 30% |
| Preventive Care | Plan Pays 100% | Plan Pays 100% | Plan Pays 100% | Deductible, then 30% |
| Diagnostics Lab and X-ray Major Diagnostics (MRI, CT, PET...) | Deductible, then no charge | Deductible, then 10% | Deductible, then 10% | Deductible, then 30% |
| Urgent Care | Ded, then no charge | \$50 copay | \$50 copay | Deductible, then 30% |
| Emergency Room | Ded, then no charge | \$100 copay, waived if admitted | \$100 copay, waived if admitted | |
| Outpatient Surgery | Ded, then no charge | Deductible, then 10% | Deductible, then 10% | Deductible, then 30% |
| Inpatient Hospital Services | Ded, then no charge | Deductible, then 10% & \$250 copay | Deductible, then 10% & \$250 copay | Deductible, then 30% & \$250 copay |
| Prescription Drug Deductible | Integrated with Medical Deductible | N/A | N/A | |
| Prescription Drug Retail (at participating pharmacies) Mail Order (90-day supply) | \$10 copay/\$35 copay/ \$60 copay \$20 copay/\$70 copay/ \$120 copay | \$10 copay/\$35 copay/ \$60 copay \$20 copay/\$70 copay/ \$120 copay | \$10 copay/\$35 copay/ \$60 copay \$20 copay/\$70 copay/ \$120 copay | Deductible, then 30% |

All plans are detailed in Cigna's 2020 Certificate of Coverage (COC). This is a brief summary only. For exact terms and conditions, please refer to your certificate.

In-network services are based on negotiated charges; out-of-network services are based on reasonable and customary (R&C) charges.

Your election can only be changed during the plan year if you experience a qualifying life status change. You must notify Human Resources within 30 days of the event.