



Medical Plans

	Cigna Base PPO		Cigna Buy-Up PPO		Cigna HDHP		Kaiser HMO \$15	Kaiser HMO \$750 Deductible
General Plan Information	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network
Health Savings Account								
Employer HSA Contribution	Not Applicable		Not Applicable		Up to: \$500/Individual; \$1,000/Family (Employee + one or more)		Not Applicable	Not Applicable
Deductible								
Individual Deductible (ded)	\$750	\$2,000	\$250	\$750	\$3,000 \$3,400 Individual in a Family	\$6,000	\$0	\$750
Family Deductible (ded)	\$2,250*	\$6,000*	\$750*	\$2,250*	\$6,000*	\$12,000*	\$0	\$1,500
Out-of-Pocket Maximum								
Individual	\$3,000	\$10,000	\$2,500	\$5,000	\$4,000	\$10,000	\$1,500	\$3,000
Family	\$6,000	\$20,000	\$5,000	\$10,000	\$8,000	\$20,000	\$3,000	\$6,000
Coinsurance & Copays								
Coinsurance	20%	50%	20%	50%	20%	50%	N/A	20%
Primary Care	\$30 copay	50% after ded	\$20 copay	40% after ded	\$30 copay after ded	50% after ded	\$15 copay	\$30 copay
Specialist	\$30 copay	50% after ded	\$20 copay	40% after ded	\$30 copay after ded	50% after ded	\$15 copay	\$40 copay
Telehealth Visit	\$30 copay	N/A	\$20 copay	N/A	\$30 copay after ded	N/A	100%, no copay	100%, no copay
Preventative Care Services	100%, no copay	50% after ded	100%, no copay	40% after ded	100%, no copay	50% after ded	100%, no copay	100%, no copay
Urgent Care & Emergency								
Urgent Care	\$35 copay	50% after ded	\$25 copay	40% after ded	20% after ded	50% after ded	\$15 copay	\$30 copay
Emergency Room	\$100 copay, waived if admitted		\$100 copay, waived if admitted		\$100 copay, waived if admitted; after ded		\$200 copay	20% after ded
Hospital Services								
Inpatient	20% after ded	50% after ded	20% after ded	40% after ded	20% after ded	50% after ded	\$250/admission	20% after ded
Outpatient	20% after ded	50% after ded	20% after ded	40% after ded	20% after ded	50% after ded	\$15/procedure	20% after ded
Other Services								
Mental Health/Substance Abuse								
Inpatient	20% after ded	50% after ded	20% after ded	40% after ded	20% after ded	50% after ded	\$250/admission	20% after ded
Outpatient	\$30 copay	50% after ded	\$20 copay	40% after ded	\$30 copay after ded	50% after ded	\$15 copay	\$30 copay
Durable Medical Equipment	20% after ded	50% after ded	20% after ded	50% after ded	20% after ded	50% after ded	20% coinsurance	20% coinsurance
Chiropractic Care	\$30 copay, 20 visits	Not Covered	\$20 copay, 20 visits	Not Covered	20% after ded, 20 visits	Not Covered	\$15 Copay, 20 visits	\$15 Copay, 20 visits



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General Plan Information	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network
Prescription Drugs								
Retail	30 days		30 days		30 days		30 days	30 days
Generic	\$15 copay	Not Covered	\$15 copay	Not Covered	\$15 copay after ded	Not Covered	\$10	\$15
Preferred Brand	\$30 copay		\$30 copay		\$30 copay after ded		\$30	\$35
Non-Preferred Brand	\$60 copay		\$60 copay		\$60 copay after ded		\$30	\$35
Specialty	20%, \$250 max		20%, \$250 max		20%, \$250 max after ded		20%, \$250 max	20%, \$250 max
Mail Order	90 days		90 days		90 days		100 days	100 days
Generic	\$45 copay	Not Covered	\$45 copay	Not Covered	\$45 copay after ded	Not Covered	\$20	\$30
Preferred Brand	\$90 copay		\$90 copay		\$90 copay after ded		\$60	\$70
Non-Preferred Brand	\$180 copay		\$180 copay		\$180 copay after ded		\$60	\$70
Specialty	N/A		N/A		N/A		N/A	N/A



* Family members are responsible for only meeting their individual deductible and then their claims will be covered under the plan coinsurance; if the family deductible has been met prior to their individual deductible being met, their claims will be paid at the plan coinsurance.

The information included in this presentation guide is intended as an overview only. It is not a complete description, nor is it a substitute for the applicable plan documents, Summary Plan Descriptions or insurance contracts. In all cases, the official plan documents govern and are the final authority on the terms of the benefit plans. The company reserves the right to modify, amend or terminate the benefit plans at any time and for any reason. Receiving this document or participating in company benefits is not a guarantee of future or continued employment or benefits.

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