


03+000Pleasant Hill School District Plan Comparison - July 2019 - June 2020

 Medical Benefits In Network*	Choice Fund - 2500 Cigna Open Access Plus Network	Employee Cost	Open Access - 1500 Cigna Open Access Plus Network	Employee Cost	INO - 2 Cigna Open Access Plus In Network Only	Employee Cost
	Employee Only	Total Monthly Cost - \$558	\$11	Monthly Cost - \$776	\$229	Monthly Cost - \$876
Employee + Spouse	Total Monthly Cost - \$1309	\$762	Monthly Cost - \$1862	\$1,315	Monthly Cost - \$2035	\$1,488
Employee + Child(ren)	Total Monthly Cost - \$1250	\$703	Monthly Cost - \$1552	\$1,005	Monthly Cost - \$1778	\$1,231
Employee + Family	Total Monthly Cost - \$1461	\$914	Monthly Cost - \$2172	\$1,626	Monthly Cost - \$2490	\$1,943
Family with 2 Employees		\$367.00		\$1,078.00		\$1,396.00
Deductible (Single/Family)	\$2,500/\$5,000 (aggregate if family)		\$1,500/\$3,000		NA	
Out of Pocket Maximum (not including deductible):	\$2,500/\$5,000 (aggregate if family - not to exceed \$6850 per individual)		\$2,500/\$5,000 <i>Medical copays apply to Out of Pocket Maximum</i>		\$6,850/\$13,700 <i>Medical & RX copays apply to Out of Pocket Maximum</i>	
Physician Care	<i>Preventive Care and Certain Preventive Medications are paid at 100% **</i>					
Primary Care Physician	20% after deductible		\$30 office visit copay		\$30 office visit copay	
Specialist	20% after deductible		\$50 office visit copay		\$60 office visit copay	
Hospital/Facility						
Inpatient	20% after deductible		30% after deductible		\$500 copay per day	
Outpatient	20% after deductible		30% after deductible		\$250 copay	
Emergency Room	20% after deductible		\$200 copay + 30% after ded		\$250 copay	
Urgent Care	20% after deductible		\$50 copay		\$60 copay	
Diagnostic Lab & X-ray						
Dr. Office/Indep Lab	20% after deductible		\$0 (plan pays 100%)		\$0 (plan pays 100%)	
Outpatient Hospital	20% after deductible		30% after deductible		\$0 (plan pays 100%)	
Advanced Imaging	20% after deductible		30% after deductible		\$250 copay	
Cigna Telehealth Connection (Refer to myCigna.com or open enrollment materials)	20% after deductible		\$10 copay		\$10 copay	
Prescription Benefits In Network*	Choice Fund - 2500		Open Access - 1500		INO - 1	
Retail Pharmacy - 30 days	<i>Cigna Pharmacy</i>		<i>Cigna Pharmacy</i>		<i>Cigna Pharmacy</i>	
Level 1	20% after deductible		20% up to \$40 cap		\$7 (or actual cost if less)	
Level 2	20% after deductible		45% up to \$100 cap		\$45	
Level 3	20% after deductible		50% up to \$150 cap		\$75	
Specialty - Level 4	20% after deductible		25%		25%	
90 days Supply - Mail Order	<i>Cigna Home Delivery or Retail through Cigna 90 Now***</i>		<i>Cigna Home Delivery or Retail through Cigna 90 Now***</i>		<i>Cigna Home Delivery or Retail through Cigna 90 Now***</i>	
Level 1	20% after deductible		35% up to \$100 cap		\$21 (or actual cost if less)	
Level 2	20% after deductible		45% up to \$200 cap		\$135	
Level 3	20% after deductible		50% up to \$300 cap		\$225	
Specialty - Level 4	N/A		N/A		N/A	
Max Out of Pocket	Combined with Medical		\$2,500 Individual/ \$5,000 Family		Combined with Medical	

*For out of network benefits, consult the MPR/Cigna Summary of Benefits located at mprisk.org

**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 discrepancies exist, plan document governs, located at MPRisk.org