Medical Plan Design - Cigna

	Current				Option 2			
	Florida Blue				Cigna			
	BlueChoice 0727 Basic		BlueChoice 0702 Traditional		Cigna Proposed Low Plan		Cigna Proposed High Plan	
Plan Basics	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited	
Calendar Year Deductible	*Embedded*		*Embedded*		*Embedded*		*Embedded*	
Single	$750	$1,500	$500	$1,000	$750	$1,500	$500	$1,000
Family	2,250	$4,500	$1,500	$3,000	2,250	$4,500	$1,500	$3,000
Out of Pocket Maximum								
Single	$3,000	$6,000	$2,500	$5,000	$3,000	$6,000	$2,500	$5,000
Family	$9,000	$18,000	$7,500	$15,000	$9,000	$18,000	$7,500	$15,000
Coinsurance	30%	60%	30%	50%	30%	60%	30%	50%
Physician Services								
Primary Care Physician Office Visit	$30	60% After CYD	$25	50% After CYD	$30	60% After CYD	$25	50% After CYD
Specialist Visit	$60	60% After CYD	$50	50% After CYD	$60	60% After CYD	$50	50% After CYD
Preventive Care Services	No Charge	60%	No Charge	50%	No Charge	60%	No Charge	50%
Office Visits								
Independent Clinical Lab	$20	60% After CYD	30%	50%	$20	60% After CYD	30%	50%
X-rays at Independent Facility	30% After CYD	60% After CYD	$40	50% After CYD	30% After CYD	60% After CYD	$40	50% After CYD
Advanced Imaging (MRI, PET, CT)	30% After CYD	60% After CYD	$100	50% After CYD	30% After CYD	60% After CYD	$100	50% After CYD
Outpatient Surgery in Surgical Center	30% After CYD	60% After CYD	$50	50% After CYD	30% After CYD	60% After CYD	$50	50% After CYD
Physician Services at Surgical Center	30% After CYD	60% After CYD	$50 Per Provider	50% After CYD	30% After CYD	60% After CYD	$50 Per Provider	50% After CYD
Urgent Care Center	$100	$100 Copay After CYD	$75	$75 After CYD	$100	$100 Copay After CYD	$75	$75 After CYD
Hospital								
Inpatient (Per Admission)	30% After CYD	60% After CYD	30% After CYD	50% After CYD	30% After CYD	60% After CYD	30% After CYD	50% After CYD
Outpatient (Per Visit)	$500	60% After CYD	30% After CYD	50% After CYD	$500	60% After CYD	30% After CYD	50% After CYD
Emergency Room Visit	$500	$500	$250	$250	$500	$500	$250	$250
Physician Services in Hospital	$60 per visit	$60 per visit	30% After CYD	30% After INN CYD	$60 per visit	$60 per visit	30% After CYD	30% After INN CYD
Mental Health / Substance Abuse								
Inpatient (Per Admission)	30% After CYD	60% After CYD	30% After CYD	50% After CYD	30% After CYD	60% After CYD	30% After CYD	50% After CYD
Outpatient Services (Per Visit)	$500	60% After CYD	30% After CYD	50% After CYD	$500	60% After CYD	30% After CYD	50% After CYD
Outpatient Office Visit	$60	60% After CYD	$50	50% After CYD	$60	60% After CYD	$50	50% After CYD
Prescription Drugs								
Generic	$10 Retail Copay	50%	$10 Retail Copay	50%	$10 Retail Copay	50%	$10 Retail Copay	50%
Preferred Brand Name	$45 Retail Copay	50%	$45 Retail Copay	50%	$45 Retail Copay	50%	$45 Retail Copay	50%
Non-Preferred Brand Name	$75 Retail Copay	50%	$75 Retail Copay	50%	$75 Retail Copay	50%	$75 Retail Copay	50%
Mail Order Drug (90-Day Supply)	$20 / $90 / $150 Copay	Not Covered	$20 / $90 / $150 Copay	Not Covered	$20 / $90 / $150 Copay	Not Covered	$20 / $90 / $150 Copay	Not Covered