MEDICAL PLAN OVERVIEW

*See benefits guide for full details of medical plans

MEDICAL PLAN COSTS

MEDICAL (WEEKLY RATES)	BASE PLAN	BUY UP PLAN
Employee	$57.70	$73.34
Employee + Spouse	$338.91	$373.94
Employee + Child(ren)	$228.28	$251.87
Employee + Family	$490.53	$541.22

SISCO (CIGNA NETWORK)	BASE PLAN		BUY UP PLAN	
	IN-NETWORK	OUT-OF- NETWORK	IN-NETWORK	OUT-OF- NETWORK
BASIC INFORMATION				
Deductible (Single/Family)	$1,500/ $3,000	$6,000/ $12,000	$500/ $1,000	$2,000/ $4,000
Coinsurance (You Pay)	20%	50%	20%	50%
Out-of-Pocket Limit (Single/Family)	$5,500/ $11,000	$22,000/ $44,000	$3,500/ $7,000	$6,000/ $12,000
	YOU PAY			
ROUTINE SERVICES				
Virtual Care/Telehealth	$0	$0	$0	$0
Physician Office Visit	$20 copay	50%*	$20 copay	50%*
Specialist Office Visit	$40 copay	50%*	$40 copay	50%*
Preventive Services (Adults/Children)	$0	50%*	$0	50%*
OTHER SERVICES				
High Tech Radiology (CT, PET, MRI) performed at Preferred Advanced Imaging Provider (Preferred Provider)	$0 (Must be coordinated through HealthCheck360)		$0 (Must be coordinated through HealthCheck360)	
Surgery Centers (Free Preferred Surgical Centers)	$0 (Must be coordinated through HealthCheck360)		$0 (Must be coordinated through HealthCheck360)	
HOSPITAL AND FACILITY SERVICES				
Emergency Room Visits	$750 (Waived if True Emergency)		$750 (Waived if True Emergency)	
Urgent Care Visits	$40 copay	50%*	$40 copay	50%*
PRESCRIPTION DRUGS				
Tier 1 / Tier 2 / Tier 3	$10/$35/$60	N/A	$10/$35/$60	N/A
Mail-Order Prescriptions	$20/$70/$120		$20/$70/$120	
Specialty	20% up to $250/$300		20% up to $250/$300	
*After Deductible				