

Health Plan Design Changes for 2021

	Current 2020 Plan Designs				New 2021 Plan Designs			
Vendor	Cigna		Cigna		Cigna		Cigna	
Network	OAPIN		OAP		OAPIN		OAP	
Plan Name	Performance		Option		Performance		Option	
	<i>Single</i>	<i>Family</i>	<i>Single</i>	<i>Family</i>	<i>Single</i>	<i>Family</i>	<i>Single</i>	<i>Family</i>
Plan Deductible:	\$625	\$1,875	\$625	\$1,875	\$750	\$2,250	\$750	\$2,250
Embedded Deductible:	Yes		Yes		Yes		Yes	
Calendar or Policy Year:	Calendar		Calendar		Calendar		Calendar	
Coinsurance:	10%		20%		10%		20%	
Maximum Out-of-Pocket: (Includes Deductible, Copay, Rx)	\$3,500	\$7,000	\$2,750	\$7,000	\$4,000	\$8,000	\$3,500	\$8,000
Physician Services	Yes, Yes, Yes		Yes, Yes, Yes		Yes, Yes, Yes		Yes, Yes, Yes	
Office Visit:	\$25		\$25		\$35		\$35	
Specialist:	\$25		\$25		\$35		\$35	
Chiropractic:	\$25		\$25		\$35		\$35	
Telemedicine:	\$10		\$10		\$10		\$10	
Hospital / Emergency Services	\$325/day (days 1-5)		Deductible + Coinsurance		\$400/day (days 1-5)		Deductible + Coinsurance	
Emergency Room:	\$150		Deductible + Coinsurance		\$300		Deductible + Coinsurance	
Urgent Care:	\$35		\$35		\$45		\$45	
Outpatient Surgical Facility:	\$350		Deductible + Coinsurance		\$350		Deductible + Coinsurance	
Ambulatory Surgery Center:	\$350		Deductible + Coinsurance		\$350		Deductible + Coinsurance	
Diagnostic Services	\$30 (Lab), \$50 (X-Ray)		\$30 (Lab), \$50 (X-Ray)		\$30 (Lab), \$50 (X-Ray)		Deductible & Coinsurance	
Lab & X-Ray Outpatient:	\$30 (Lab), \$50 (X-Ray)		\$30 (Lab), \$50 (X-Ray)		\$30 (Lab), \$50 (X-Ray)		Deductible & Coinsurance	
Advanced Imaging Services (MRI, CT):	\$75		\$50		\$150		\$50	
Prescription Drug	N/A		N/A		N/A		N/A	
Deductible:	N/A		N/A		N/A		N/A	
Prescription Tier	\$7 \$50 \$100		\$7 \$50 \$100		\$7 \$50 \$100		\$7 \$50 \$100	
Mail Order Prescription (90 Day Supply):	\$18 \$125 \$225		\$18 \$125 \$225		\$18 \$125 \$225		\$18 \$125 \$225	
Non-Network Plan Details	<i>Non-Network</i>		<i>Non-Network</i>		<i>Non-Network</i>		<i>Non-Network</i>	
Plan Deductible:	N/A		\$1,300	\$3,900	N/A		\$1,500	\$4,500
Coinsurance:	N/A		30%		N/A		30%	
Maximum Out-of-Pocket:	N/A		\$4,000	\$12,000	N/A		\$5,000	\$15,000
Per Occurrence Deductible (Inpat./Outpat.):	N/A		N/A		N/A		N/A	