

Carrier	UHC Renewal Base	UHC Renewal Mid	UHC Renewal High	Cigna Option 3 Base	Cigna Option 3 Mid	Cigna Option 3 High	Cigna Option 5 Base	Cigna Option 5 Mid	Cigna Option 5 High
Benefit Details									
Annual Deductible/Single	\$3,000	\$3,000	\$500	\$3,000	\$3,000	\$500	\$0	\$3,000	\$500
Annual Deductible/Family	\$6,000	\$6,000	\$1,000	\$6,000	\$6,000	\$1,000	\$0	\$6,000	\$1,000
Coinsurance %	20%	20%	20%	20%	20%	20%	0	20%	20%
Annual out of pocket Max/Single	\$6,500	\$6,000	\$3,500	\$6,500	\$6,000	\$3,500	\$7,000	\$6,000	\$3,500
Annual out of pocket Max/Family	\$13,000	\$12,000	\$7,000	\$13,000	\$12,000	\$7,000	\$14,000	\$12,000	\$7,000
Preventative Services	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Primary Care Physican Visit	\$0	\$30	\$25	0% Coinsurance	\$30	\$25	Tier 1: \$50 Tier 2: \$100	Tier 1: \$30	Tier 2: \$25
Specialist Visit	\$100	\$30/\$60	\$25	\$100	\$60	\$50	Tier 1: \$75 Tier 2: \$150	Tier 1: \$60	Tier 2: \$50
Diagnostic Labs and Xrays	Ded. + 20%	No Charge	No Charge	Deductible + 20%	No Charge	No Charge	No Charge (unless in Drs Office than copay)	No Charge	No Charge
	\$250 +20%	\$500 + 20%	\$500 + 20%	\$250 +20%	\$500 + 20%	\$500 + 20%		\$500 + 20%	\$500 + 20%
Emergency Room (waived if admitted)	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	\$400	Coinsurance	Coinsurance
Urgent Care	\$50	\$50	\$50	\$50	\$50	\$50	\$125	\$50	\$50
Inpatient Hospitalization	20% Coinsurance after Deductible	20% Coinsurance after Deductible	20% Coinsurance after Deductible	20% Coinsurance after Deductible	20% Coinsurance after Deductible	20% Coinsurance after Deductible	\$4,000	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Outpatient Hospital Services	20% Coinsurance after Deductible	20% Coinsurance after Deductible	20% Coinsurance after Deductible	20% Coinsurance after Deductible	20% Coinsurance after Deductible	20% Coinsurance after Deductible	\$1,500	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Additional Services In Network									
Outpatient Behavioral Health	Included	included	Included	Included	Included	Included	Included	Included	Included
Chiropractice Care	Included	included	Included	Included	Included	Included	Included	Included	Included
Rehabilitation Services	Included	included	Included	Included	Included	Included	Included	Included	Included
RX Services									
RX Deductible/Single	\$250	None	None	None	None	None	None	None	None
RX Deductible/Family	\$500	None	None	None	None	None	None	None	None
Retail Tier 1 (generic)	\$0 Copay	\$10 Copay	\$10 Copay	\$5	\$10 Copay	\$10 Copay	\$30	\$10 Copay	\$10 Copay
Retail Tier 2 (Preferred Brand)	\$50 copay	\$40 Copay	\$40 Copay	\$50 copay	\$40 Copay	\$40 Copay	\$50	\$40	\$40
Retail Tier 3 (Non Preferred Brand)	\$100 Copay	\$80 Copay	\$90 Copay	\$100 Copay	\$80 Copay	\$90 Copay	\$100	\$80	\$80
Retail Tier 4 (Speciality)	\$250 Copy	Not Applicable	Not Applicable	\$250 Copy	Not Applicable	Not Applicable	\$250	Not Applicable	Not Applicable
Mail Order	\$0/\$125/\$250/\$625	\$25/\$100/\$200	\$25/\$100/\$200	\$15/\$125/\$250/\$625	\$25/\$100/\$200	\$25/\$100/\$200	\$90/\$150/\$300/\$750	\$25/\$100/\$200	\$25/\$100/\$200
RX Formulary	National	National	National	Advantage	Advantage	Advantage	Advantage	Advantage	Advantage
Benefit Details out of network	In Network Only	In Network Only	Larger Deductibles Applies	In Network Only	In Network Only	Larger Deductibles Applies	In Network Only	In Network Only	Larger Deductibles Applies

