

CIGNA MEDICAL PLANS AT A GLANCE

Here's a look at what you'll pay when you need care.

You will begin to contribute toward the plan deductibles and out-of-pocket limits on **July 1, 2022**, and will continue through **June 30, 2023**. There are separate in-network and out-of-network deductibles and out-of-pocket maximums, and they do not cross apply.

	High Deductible HSA		Standard Care		Premium Care	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
2022–2023 HSA Contribution from WSI (only if enrolled in High Deductible HSA)						
Individual	\$500		No contribution		No contribution	
Family	\$1,000					
Deductible (what you pay first for some services)						
Individual	\$1,400	\$4,200	\$500	\$2,250	\$400	\$1,500
Family	\$2,800	\$8,400	\$1,000	\$4,500	\$800	\$3,000
Out-of-Pocket Maximum¹ (the most you have to pay for eligible services)						
Individual	\$4,000	\$8,000	\$3,500	\$7,000	\$3,000	\$6,000
Family	\$8,000	\$16,000	\$7,000	\$14,000	\$6,000	\$12,000
Preventive Care						
Well-adult visits, well-child visits and immunizations	\$0	40% after deductible	\$0	40% after deductible	\$0	30% after deductible
Office Visits/Telehealth						
PCP/specialist	20% after deductible	40% after deductible	\$25/\$50	40% after deductible	\$20/\$40	30% after deductible
Telehealth	20% after deductible	Not covered	\$15	Not covered	\$10	Not covered
Chiropractic care (20 days per plan year)	20% after deductible	40% after deductible	\$25	40% after deductible	\$20	30% after deductible
Lab/X-ray						
Office, independent lab, outpatient and inpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	30% after deductible
Emergency Services						
Ambulance ²	20% after deductible		20% after deductible		10% after deductible	
Emergency room	20% after deductible		\$150 copay, then 20% after deductible		\$100 copay, then 10% after deductible	
Urgent care	20% after deductible	40% after deductible	\$50	40% after deductible	\$50	30% after deductible
Convenience care	20% after deductible	40% after deductible	\$15	40% after deductible	\$10	30% after deductible
Inpatient Services						
Hospital and physician services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	30% after deductible
Mental Health/Substance Abuse						
Inpatient care	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	30% after deductible
Outpatient care	20% after deductible	40% after deductible	\$25	40% after deductible	\$20	30% after deductible

1 Out-of-pocket maximums include deductibles, copays (if applicable) and coinsurance.

2 Non-emergency ambulance transportation is not covered.

CIGNA PRESCRIPTION DRUG BENEFITS AT A GLANCE

Here's a look at what you'll pay when you need a prescription filled.

High Deductible HSA			Standard Care and Premium Care	
	Retail and Specialty (up to a 30-day supply)	Mail Order (up to a 90-day supply)	Retail and Specialty (up to a 30-day supply)	Mail Order (up to a 90-day supply)
Deductible (what you pay first for some services)				
Individual/Family	Combined with medical: \$1,400/\$2,800		N/A	
Out-of-Pocket Maximum (the most you have to pay for eligible services)				
Individual/Family	Combined with medical		Combined with medical	
What You Pay				
Preventive drugs	15%, no deductible ¹	15%, no deductible ¹	N/A	N/A
Generic	15% after deductible (\$4 minimum; \$10 maximum)	15% after deductible (\$10 minimum; \$25 maximum)	\$10	\$25
Brand	15% after deductible (\$15 minimum; \$40 maximum)	15% after deductible (\$35 minimum; \$100 maximum)	25% (\$20 minimum; \$80 maximum)	25% (\$50 minimum; \$200 maximum)
Non-preferred brand	15% after deductible (\$30 minimum; \$60 maximum)	15% after deductible (\$75 minimum; \$150 maximum)	40% (\$40 minimum; \$100 maximum)	40% (\$100 minimum; \$250 maximum)

¹ The High Deductible HSA includes a list of medications considered to be preventive by Cigna in accordance with the guidelines set by the IRS. This might include medication used to treat conditions such as high blood pressure, cholesterol and diabetes. For these preventive medications, you pay 15%, subject to the applicable minimum and maximum amounts. These medications do not accumulate toward the deductible, but do accumulate toward the out-of-pocket maximum. For more information, contact Cigna.



KNOW THE TERMS

The Cigna plans and Kaiser Permanente HMOs cover drugs according to their category. Here's what the categories mean.

- **Generic** — Generic drugs have the same active ingredients as brand-name drugs and must meet FDA standards for quality and purity. You usually save the most with generics.
- **Brand** — Certain brand-name drugs are listed on the plan's formulary (list of preferred prescription drugs). They have been chosen based on safety, quality and cost-effectiveness.
- **Non-preferred brand** — These drugs are not included on the plan's formulary. You will pay more for non-preferred drugs than for generic and brand drugs.

To see the formulary lists for the Cigna plans, visit [myCigna.com](https://mycigna.com). For the Kaiser Permanente HMOs, visit kp.org.