

Proposed 2021/2022 Plan

	Proposed 2021/2022	2020/2021		Proposed 2021/2022		2020/2021		Proposed 2021/2022		2020/2021		Proposed 2021/2022	
	SureFit	Local Plus - Plan A				HRA - Plan B				OAPIN – Plan C			
Network	Advent and CVS	Local Network				National Network with Out of network Coverage				National Network			
HRA Contribution	N/A	N/A				\$250	\$0		N/A				
Deductible (Individual/Family)	\$300/\$600	\$300/\$600		\$500/\$1,000		\$2,000/\$4,000		\$3,000/\$6,000		\$250/\$500		\$400/\$800	
Coinsurance	10%	10%		20%		20%		20%		20%		20%	
Medical Out of Pocket Max	\$5,500/\$11,000	\$5,500/\$11,000		\$6,500/\$13,000		\$5,500/\$11,000		\$6,500/\$13,000		\$5,500/\$11,000		\$6,500/\$13,000	
RX Out of Pocket Max	\$1,500/\$3,000	\$1,000/\$2,000		\$2,000/\$4,000		\$1,000/\$2,000		\$2,000/\$4,000		\$1,000/\$2,000		\$2,000/\$4,000	
PCP/Specialist Copays	\$35/\$55	\$35^/\$55^		\$35^/\$55^		\$30/\$45*/\$65**		\$30/\$45*/\$65**		\$30/\$55		\$30/\$55	
ER Copayment	\$400	\$400^		\$400^		\$400 + 20%		\$400 + 20%		\$400		\$400	
RX - Retail (30 days)	\$100 Deductible	\$100 Deductible				\$100 Deductible				\$100 Deductible			
Generic	\$9	\$9		\$9		\$9		\$9		\$9		\$9	
Brand - Preferred	\$60	10%, minimum of \$55		10%, minimum of \$60		\$55		10%, minimum of \$60		\$55		10%, minimum of \$60	
Brand - Non-Preferred	\$90	10%, minimum of \$60		10%, minimum of \$90		\$60		10%, minimum of \$90		\$60		10%, minimum of \$90	
Specialty	\$100	10%, minimum \$90		10%, minimum \$100		\$90		10%, minimum \$100		\$90		10%, minimum \$100	
		^Must meet deductible then copay/coinsurance applies				* Cigna Care Network (CCN) provider; ** non-CCN provider							
Per Month (10 months)	21/22	20/21	21/22	\$ Increase		20/21	21/22	\$ Increase		20/21	21/22	\$ Increase	
Employee	\$0.00	\$0.00	\$0.00	\$0.00		\$52.54	\$52.54	\$0.00		\$52.54	\$52.54	\$0.00	
Employee + Spouse	\$352.24	\$352.24	\$352.24	\$0.00		\$1,183.70	\$1,183.70	\$0.00		\$826.22	\$826.22	\$0.00	
Employee + Child(ren)	\$50.00	\$70.46	\$70.46	\$0.00		\$850.36	\$850.36	\$0.00		\$521.74	\$521.74	\$0.00	
Employee + Family	\$400.00	\$422.70	\$422.70	\$0.00		\$1,494.70	\$1,494.70	\$0.00		\$1,110.26	\$1,110.26	\$0.00	
Half Family	\$0.00	\$0.00	\$0.00	\$0.00		\$282.94	\$282.94	\$0.00		\$90.72	\$90.72	\$0.00	
Part-time Employee	\$464.43	\$464.43	\$464.43	\$0.00		\$516.98	\$516.98	\$0.00		\$516.98	\$516.98	\$0.00	