

2023-24

Medical Plans at a Glance

What are some of the differences between the four medical plans?
Make sure you pick the plan for 2023-24 that matches your needs.

	Cigna LocalPlus In-Network Plan (A)	Cigna Health Reimbursement Account (B)	Cigna Open Access Plus In-Network Plan (C)	Cigna SureFit (D)
Cost per pay period Find rates for all levels of coverage on the 2023-24 Insurance Benefits Rate Sheet.	No cost per pay period for full-time employee individual coverage.	Full-time employee cost for individual coverage - \$26.27 per pay period (20 deductions)	Full-time employee cost for individual coverage - \$26.27 per pay period (20 deductions)	No cost per pay period for full-time employee individual coverage.
Network	In-network benefits only, limited physician network is larger than SureFit.	Out-of-network benefits; however, covered services will cost more.	In-network benefits only, network is larger than SureFit and Plan A.	In-network benefits only, limited to AdventHealth network in Orange, Seminole, Lake and Osceola counties. Pharmacy network – CVS retail and CVS Caremark mail order only.
Referrals	Referrals not required.	Referrals not required.	Referrals not required.	You must select a primary care physician. Your PCP will provide you with a referral for specialist visits.
Medical Deductible Dollar amount you pay before your medical insurance begins paying.	\$500 individual \$1,000 family	\$3,000 in-network, individual \$6,000 in-network, family	\$400 individual \$800 family	\$300 individual \$600 family

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	If a service is provided outside of your deductible, you don't have to meet your deductible first, you simply pay the copay amount.			
Primary Care Copay	\$35/visit, outside of deductible	\$30/visit, outside of deductible	\$30/visit, outside of deductible	\$35/visit, outside of deductible
Specialist Copay	\$55/visit, outside of deductible	\$65/visit, outside of deductible Specialist copay with a Cigna Care Designation - \$45/visit, outside of deductible	\$55/visit, outside of deductible	\$55/visit, outside of deductible
Urgent Care Copay	\$35, outside of deductible	\$75, outside of deductible	\$35, outside of deductible	\$35, outside of deductible
Emergency Room Copay	\$400, outside of deductible	\$400 +20% Coinsurance, after deductible	\$400, outside of deductible	\$400, outside of deductible
Hospital Services	Hospital services – 20% coinsurance, deductibles apply	Hospital services – 20% coinsurance, deductibles apply	Hospital services – 20% coinsurance, deductibles apply	Hospital services – 10% coinsurance, deductibles apply
In-Network Medical Out-of-Pocket Maximum	\$6,500 individual \$13,000 family	\$6,500 individual \$13,000 family	\$6,500 individual \$13,000 family	\$5,500 individual \$11,000 family
In-Network Prescription Out-of-Pocket Maximum	\$2,000 individual \$4,000 family	\$2,000 individual \$4,000 family	\$2,000 individual \$4,000 family	\$1,500 individual \$3,000 family

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		Cigna LocalPlus In-Network Plan	Cigna Health Reimbursement Account	Cigna Open Access Plus In-Network Plan	Cigna SureFit
		(A)	(B)	(C)	(D)
<p>The pharmacy benefit is managed by CVS Caremark. The prescription formulary is the same for all plans. After the third fill, maintenance drugs must be filled for 90-days at a time.</p>					
Generic Drugs	Retail 30-day Rx	\$9 Copay	\$9 Copay	\$9 Copay	\$9 Copay (CVS Caremark mail order or CVS Retail only.)
	CVS Caremark mail order or CVS Retail 90-day Rx	\$18 Copay	\$18 Copay	\$18 Copay	\$18 Copay
	Retail 90-day Rx	\$27 Copay	\$27 Copay	\$27 Copay	Not Applicable.
Preferred Brand Drugs	Retail 30-day Rx	10% coinsurance (\$60 min., \$300 max.)	10% coinsurance (\$60 min., \$300 max.)	10% coinsurance (\$60 min., \$300 max.)	\$60 copay (CVS Caremark mail order or CVS Retail only.)
	CVS Caremark mail order or CVS Retail 90-day Rx	10% coinsurance (\$120 min., \$600 max.)	10% coinsurance (\$120 min., \$600 max.)	10% coinsurance (\$120 min., \$600 max.)	\$120 copay
	Retail 90-day Rx	10% coinsurance (\$180 min., \$900 max.)	10% coinsurance (\$180 min., \$900 max.)	10% coinsurance (\$180 min., \$900 max.)	Not Applicable.

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Covered Medications more than \$1,500 for a 30-day supply (Specialty)	Retail 30-day Rx	10% coinsurance (\$100 min., \$300 max.)	10% coinsurance (\$100 min., \$300 max.)	10% coinsurance (\$100 min., \$300 max.)	\$100 copay (CVS Caremark mail order or CVS Retail only.)
	CVS Caremark mail order or CVS Retail 90-day Rx	10% coinsurance (\$200 min., \$600 max.)	10% coinsurance (\$200 min., \$600 max.)	10% coinsurance (\$200 min., \$600 max.)	\$200 copay
	Retail 90-day Rx	10% coinsurance (\$300 min., \$900 max.)	10% coinsurance (\$300 min., \$900 max.)	10% coinsurance (min. \$120, max. \$600)	Not Applicable.