

Proposed 2021/2022 and 2022/2023 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^A/\$55^A			\$30/\$45*/\$65**	\$30/\$45*/\$65**			\$30/\$55	\$30/\$55		
ER Copayment	\$400	\$400^	\$400^A			\$400 + 20%	\$400 + 20%			\$400	\$400		
RX - Retail (30 days)													
RX Deductible (does not apply to generic)	\$100 Deductible		\$100 Deductible				\$100 Deductible				\$100 Deductible		
Generic	\$9	\$9	\$9			\$9	\$9			\$9	\$9		
Brand - Preferred	\$60	10%, minimum of \$55 (max \$300)	10%, minimum of \$60 (max \$300)			\$55	10%, minimum of \$60 (max \$300)			\$55	10%, minimum of \$60 (max \$300)		
Brand - Non-Preferred	\$90	10%, minimum of \$60 (max \$300)	10%, minimum of \$90 (max \$300)			\$60	10%, minimum of \$90 (max \$300)			\$60	10%, minimum of \$90 (max \$300)		
Specialty	\$100	10%, minimum \$90 (max \$300)	10%, minimum \$100 (max \$300)			\$90	10%, minimum \$100 (max \$300)			\$90	10%, minimum \$100 (max \$300)		
		^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	