

POWER COMPONENT SYSTEMS

FEBRUARY 1, 2024

CIGNA MEDICAL RENEWAL

CARRIER- CIGNA- HOURLY	PLAN 1	PLAN 2	PLAN 3	PLAN 4
*Please view all four plans in detail*	<a href="#">See Plan</a>	<a href="#">See Plan</a>	<a href="#">See Plan</a>	<a href="#">See Plan</a>
Plan Name	HDOAP	OAPIN	OAPB	OAPBU
<b>SUMMARY OF SERVICES</b>	<b>IN-NETWORK</b>			
Medical Deductible - Individual/Family	\$5,500/ \$11,000	\$3,000/ \$6,000	\$2,000/ \$4,000	\$1,000/ \$2,000
Out-of-Pocket Maximum - Individual/Family	\$7,500/ \$15,000	\$8,000/ \$16,000	\$8,000/ \$16,000	\$6,850/ \$13,700
Specialist Referrals	Not needed	Not needed	Not needed	Not needed
Preventive Services-Physicals, Well-child visits, Flu shots, Mammograms, Cancer Screenings, Colonoscopy, PAP, PSA, Virtual Visits etc.	NO CHARGE	NO CHARGE	NO CHARGE	NO CHARGE
Primary Care Office Visit Copay	\$25	\$25	\$25	\$20
Specialist Office Visit Copay- Dermatologist, Cardiologist, ENT, Allergist etc.	\$50 after ded.	\$50	\$50	\$40
Urgent Care Center Copay	\$75	\$60	\$60	\$60
Emergency Room Copay	\$300 after ded.	\$200 after ded.	\$250 + 20% after ded.	\$200 after ded.
Lab: Hospital and Office Setting Copay	\$0 after ded.	\$0	20% after ded.	\$0
X-Ray: Hospital and Office Setting Copay	\$0 after ded.	\$0	20% after ded.	\$0
Imaging: Hospital and Office Setting Copay	30% after ded.	\$80 after ded.	20% after ded.	\$ 80 after ded.
Outpatient/ Inpatient Surgery: Hospital and Office Setting Copay	30% after ded.	\$100 after ded.	20% after ded.	\$100 after ded.
Out of Network Benefit available (if your doctor is not in-network)	Yes	Yes	Yes	Yes
<b>Prescription Drug Benefits</b>	<b>IN-NETWORK</b>			
Deductible	COMBINED WITH MEDICAL 90% Generic	\$500 Individual / \$1,000 Family	\$1000 Individual / \$2,000 Family	\$0
Tier 1 Copay	\$15	\$15	\$15	\$15
Tier 2 Copay	\$35 after ded.	\$35 after ded.	\$35 after ded.	\$35
Tier 3 Copay	\$60 after ded.	\$60 after ded.	\$60 after ded.	\$60
Tier 4 Copay	50% after ded up to \$100	50% after ded up to \$100	50% after ded up to \$100	50% up to \$100
	<b>Employee Payroll Deduction</b>	<b>Employee Payroll Deduction</b>	<b>Employee Payroll Deduction</b>	<b>Employee Payroll Deduction</b>
Employee Only	\$38.25	\$148.41	\$135.08	\$206.66
Employee/ Spouse	\$204.54	\$420.05	\$402.17	\$535.32
Employee / Children	\$147.13	\$326.02	\$309.71	\$421.55
Family	\$298.93	\$574.68	\$554.21	\$722.40