

**POWER COMPONENT SYSTEMS**  
**FEBRUARY 1, 2025**  
**CIGNA MEDICAL RENEWAL**

<b>CARRIER- CIGNA- HOURLY</b>	<b>PLAN 1</b>	<b>PLAN 2</b>	<b>PLAN 3</b>	<b>PLAN 4</b>
*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>
<b>Plan Name</b>	<b>HDOAP</b>	<b>OAPIN</b>	<b>OAPB</b>	<b>OAPBU</b>
<b>SUMMARY OF SERVICES</b>	<b>IN-NETWORK</b>			
<b>Medical Deductible - Individual/Family</b>	\$5,500/ \$11,000	\$3,000/ \$6,000	\$2,000/ \$4,000	\$1,000/ \$2,000
<b>Out-of-Pocket Maximum - Individual/Family</b>	\$7,500/ \$15,000	\$8,000/ \$16,000	\$8,000/ \$16,000	\$6,850/ \$13,700
<b>Specialist Referrals</b>	Not needed	Not needed	Not needed	Not needed
<b>Preventive Services</b> -Physicals, Well-child visits, Flu shots, Mammograms, Cancer Screenings, Colonoscopy, PAP, PSA, Virtual Visits etc.	NO CHARGE	NO CHARGE	NO CHARGE	NO CHARGE
<b>Primary Care Office Visit Copay</b>	\$25	\$25	\$25	\$20
<b>Specialist Office Visit Copay</b> - Dermatologist, Cardiologist, ENT, Allergist etc.	\$50 after ded.	\$50	\$50	\$40
<b>Urgent Care Center Copay</b>	\$75	\$60	\$60	\$60
<b>Emergency Room Copay</b>	\$300 after ded.	\$200 after ded.	\$250 + 20% after ded.	\$200 after ded.
<b>Lab: Hospital and Office Setting Copay</b>	\$0 after ded.	\$0	20% after ded.	\$0
<b>X-Ray: Hospital and Office Setting Copay</b>	\$0 after ded.	\$0	20% after ded.	\$0
<b>Imaging: Hospital and Office Setting Copay</b>	30% after ded.	\$80 after ded.	20% after ded.	\$ 80 after ded.
<b>Outpatient/ Inpatient Surgery: Hospital and Office Setting Copay</b>	30% after ded.	\$100 after ded.	20% after ded.	\$100 after ded.
<b>Out of Network Benefit available (If your doctor is not in-network)</b>	Yes	Yes	Yes	Yes
<b>Prescription Drug Benefits</b>	<b>IN-NETWORK</b>			
<b>Deductible</b>	COMBINED WITH MEDICAL 90% Generic	\$500 Individual / \$1,000 Family	\$1000 Individual / \$2,000 Family	\$0
<b>Tier 1 Copay</b>	\$15	\$15	\$15	\$15
<b>Tier 2 Copay</b>	\$35 after ded.	\$35 after ded.	\$35 after ded.	\$35
<b>Tier 3 Copay</b>	\$60 after ded.	\$60 after ded.	\$60 after ded.	\$60
<b>Tier 4 Copay</b>	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>
<b>Employee Only</b>	\$38.24	\$167.43	\$153.69	\$231.00
<b>Employee/ Children</b>	\$169.84	\$362.14	\$345.13	\$466.58
<b>Employee / Spouse</b>	\$232.78	\$465.23	\$446.48	\$591.30
<b>Family</b>	\$336.26	\$634.74	\$613.15	\$796.39