

Grand County
Medical Comparison

		Cigna		Cigna		Cigna		Cigna	
		OAP 80% \$1,000		OAP 80% \$2,000 HDHP		OAP 70% \$2,000		OAP 70% \$2,500 HDHP	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Medical Benefits									
Deductible		\$1,000/\$2,000	\$4,000/\$8,000	\$2,000/\$4,000	\$4,000/\$8,000	\$2,000/\$4,000	\$4,000/\$8,000	\$2,500/\$5,000	\$5,000/\$10,000
Out of Pocket Maximum		\$4,000/\$8,000	\$12,000/\$24,000	\$4,000/\$6,550	\$8,000/\$13,100	\$4,000/\$8,000	\$12,000/\$24,000	\$4,000/\$6,550	\$8,000/\$13,100
Deductible Included in OOP Maximum		Yes		Yes		Yes		Yes	
Ded / OOP Embedded		Yes		No		Yes		No	
Professional Services									
Office Visits	Primary Care Physicians	\$25	50% AD	20% AD	50% AD	\$25	50% AD	30% AD	50% AD
	Specialists	\$35	50% AD	20% AD	50% AD	\$35	50% AD	30% AD	50% AD
	Mental Health & Chemical Dependency	\$35	50% AD	20% AD	50% AD	\$35	50% AD	30% AD	50% AD
	Urgent Care	\$45	50% AD	20% AD	50% AD	\$45	50% AD	30% AD	50% AD
	Emergency Room	\$150	\$150	20% AD	20% AD	\$150	\$150	30% AD	30% AD
	Minor Lab / X-Ray	0%	50% AD	20% AD	50% AD	0%	50% AD	30% AD	50% AD
	Major Lab / X-Ray	20% AD	50% AD	20% AD	50% AD	30% AD	50% AD	30% AD	50% AD
Hospital Outpatient Surgery	20% AD	50% AD	20% AD	50% AD	30% AD	50% AD	30% AD	50% AD	
Preventive Care	0%	Not Covered	0%	Not Covered	0%	Not Covered	0%	Not Covered	
Inpatient Services									
Inp Hospital / Physicians		20% AD	50% AD	20% AD	50% AD	30% AD	50% AD	30% AD	50% AD
Inp Mental Health & Chemical Dependency		20% AD	50% AD	20% AD	50% AD	30% AD	50% AD	30% AD	50% AD
Additional Benefits									
Chiropractic/Manipulations		\$35	50% AD	20% AD	50% AD	\$35	50% AD	30% AD	50% AD
Adult Routine Eye Exam		Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Prescription Drugs (In-Network)									
Rx Deductible		None		Medical Deductible Applies		None		Medical Deductible Applies	
Tier 1		\$5		\$10 AD		\$5		\$10 AD	
Tier 2		\$25		\$40 AD		\$25		\$40 AD	
Tier 3		\$50		\$70 AD		\$50		\$70 AD	
Tier 4		20% up to \$150		N/A		20% up to \$150		N/A	
Mail Order		3x retail		3x retail		3x retail		3x retail	
Employee Navigator Compatibility		Yes		Yes		Yes		Yes	
Monthly Rates		REVISED RENEWAL		REVISED RENEWAL		ALTERNATE OPTION-1		ALTERNATE OPTION-1	
		Level Funded		Level Funded		Level Funded		Level Funded	
Subs	Enrollment Tier	Subscribers	Premium Rate	Subscribers	Premium Rate	Subscribers	Premium Rate	Subscribers	Premium Rate
42	Employee	15	\$833.21	27	\$696.23	15	\$859.94	27	\$703.83
36	Employee + Spouse	17	\$1,583.19	19	\$1,323.10	17	\$1,633.64	19	\$1,337.75
68	Family	20	\$2,374.74	48	\$1,984.73	20	\$2,450.56	48	\$2,006.56
146	TOTAL BY PLAN	52	\$86,907	94	\$139,204	52	\$89,682	94	\$140,736
	COMBINED TOTAL	146	\$226,111	--	--	146	\$230,418	--	--
Percent of Increase		6.98%				9.02%			