

2021 CIGNA PLAN OVERVIEW

BENEFIT	BASE PLAN		PLUS PLAN		CONSUMER DRIVEN HEALTH PLAN (CDHP)	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
	EMBEDDED DEDUCTIBLE*		EMBEDDED DEDUCTIBLE*		EMBEDDED DEDUCTIBLE*	
Annual/Calendar Year Deductible (Individual/Family)	\$1,000/\$2,000	\$2,500/\$5,000	\$500/\$1,000	\$2,000/\$4,000	\$2,800/\$5,600	\$4,650/\$9,300
Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$4,000	\$5,000/\$10,000	\$1,000/\$2,000	\$4,000/\$8,000	\$3,000/\$5,000	\$5,000/\$10,000
Coinsurance	80%	70%	90%	70%	80%	60%
Physician Services						
Doctor's Office Visit	80% after ded.	70% after ded.	90% after ded.	70% after ded.	80% after ded.	60% after ded.
Specialist Office Visit	80% after ded.	70% after ded.	90% after ded.	70% after ded.	80% after ded.	60% after ded.
Preventative Care	Covered 100%	70% after ded.	Covered 100%	70% after ded.	Covered 100%	In-network only
Hospital Services						
Inpatient	\$300 + 80% after ded.	\$300 + 70% after ded.	\$300 + 90% after ded.	\$300 + 70% after ded.	80% after ded.	60% after ded.
Outpatient	80% after ded.	70% after ded.	90% after ded.	70% after ded.	80% after ded.	60% after ded.
Emergency Care	\$250 + 80% after ded.		\$250 + 90% after ded.		80% after ded.	
WEEKLY PAYCHECK REDUCTIONS	<\$50,000	>\$50,000	<\$50,000	>\$50,000	<\$50,000	>\$50,000
Employee Only	\$23.00	\$34.00	\$44.00	\$65.00	\$13.00	\$23.00
Employee + Spouse	\$76.00	\$86.00	\$107.00	\$128.00	\$65.00	\$76.00
Employee + Children	\$61.00	\$72.00	\$91.00	\$112.00	\$49.00	\$60.00
Family	\$98.00	\$108.00	\$149.00	\$170.00	\$86.00	\$97.00

Note: Deductibles, copays and coinsurance accumulates toward the out-of-pocket maximums. Usual, Customary and Reasonable charges apply for all out-of-network benefits.

*Embedded - An individual enrolled in family coverage with an "embedded" deductible only needs to satisfy the individual deductible before coinsurance commences (vs. having to satisfy the entire family deductible).