

Plan Comparison Table

Benefits and Services	Core Option		Choice Fund HSA Option	
Medical Services	Network	Out-of-Network⁽¹⁾	Network	Out-of-Network⁽¹⁾
Doctor's Office Visit	80% less deductible	60% less deductible	80% less deductible	60% less deductible
Routine Physical Exam	100%	60% less deductible	100%	60% less deductible
Laboratory	100%	60% less deductible	80% less deductible	60% less deductible
Prescription Drugs	Provided by Express Scripts		Provided by Express Scripts	
	Network	Out-of-Network	Network	Out-of-Network
Retail – up to 30 days				
Generic	\$10		80% less deductible*	60% less deductible*
Preferred Brand Copay	\$30+ cost difference from generic	100% of Network cost	80% less deductible*	60% less deductible*
Non-Preferred Brand Copay	\$50+ cost difference from generic	less copay	80% less deductible*	60% less deductible*
Home delivery – up to 90 days				
Generic	\$25		80% less deductible*	60% less deductible*
Preferred Brand Copay	\$75 + cost difference from generic	100% of Network cost	80% less deductible*	60% less deductible*
Non-Preferred Brand Copay	\$125 + cost difference from generic	less copay	80% less deductible*	60% less deductible*
Emergency Room Services	80%	80%	80% less deductible*	80% less deductible*
Hospital Inpatient	Precertification Required: 20% Reduction for Non-Compliance		Precertification Required: 20% Reduction for Non-Compliance	
Hospital service, semi-private room/board & ancillary changes	80% less deductible	60% less deductible	80% less deductible	60% less deductible
Surgeon's/Anesthesiologist Fees Doctor's visits in the hospital	80% less deductible	60% less deductible	80% less deductible	60% less deductible
Hospital Outpatient Services Surgical Center	80% less deductible	60% less deductible	80% less deductible	60% less deductible
Lifetime Plan Maximum	Unlimited		Unlimited	
Coordination of Benefits	Maintenance of Benefits		Maintenance of Benefits	
Deductible	\$300 Individual \$900 Family	\$750 Individual \$2,250 Family	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
Huber HSA Funding ¹	N/A		\$500 employee only \$1,000 employee + one or more dependents	
Out-of-Pocket Maximum (includes deductible and copays)	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family	\$3,400 Individual \$6,800 Family	\$6,800 Individual \$13,600 Family
Monthly Employee Contributions	Wellness Credit	No Credit	Wellness Credit	No Credit
Employee Only	\$111	\$171	\$72	\$132
Employee + 1	\$240	\$360	\$161	\$281
Family	\$373	\$553	\$252	\$432

*Under the Cigna Choice Fund HSA option, certain preventative medications can be filled without a deductible; coinsurance will apply. You must have an authorized prescription and it must be filled at the Express Scripts pharmacy or at an in-network retail pharmacy. (1) Out-of-network charges are subject to a Maximum Reimbursable Charge (MRC).

¹Your contribution and the Company funding will be prorated based on your date of hire.