

**Cigna Choice Fund  
with HSA Plan**

**Cigna Managed  
Network Plan**

**UHC Network Plan**

**Kaiser (California)**

**Biweekly Paycheck Deduction**

**Full-Time Employees without Biometric Screening and Tobacco-Free Credits** (Does not include spousal surcharge)

				<b>North</b>	<b>South</b>
Employee	\$80	\$94	\$95	\$93	\$92
Employee + spouse/DP	\$221	\$238	\$247	\$241	\$234
Employee + children	\$121	\$137	\$143	\$147	\$141
Employee + family	\$241	\$259	\$271	\$264	\$255

**Full-Time Employees with Biometric Screening and Tobacco-Free Credits** (Does not include spousal surcharge)

				<b>North</b>	<b>South</b>
Employee	No cost	\$14	\$15	\$13	\$12
Employee + spouse/DP	\$61	\$78	\$87	\$81	\$74
Employee + children	\$41	\$57	\$63	\$67	\$61
Employee + family	\$81	\$99	\$111	\$104	\$95

**Spousal Surcharge** You pay a \$100 spouse/domestic partner surcharge per paycheck if you choose to cover your working spouse or domestic partner when he or she is eligible for coverage elsewhere.

**Plan Features**

<b>Provider Network</b>	Cigna Open Access Plus network; use any in-network or out-of-network provider	Use any provider in the Open Access Plus network, but pay less when you use Cigna Care Network (CCN) specialists	UnitedHealthcare Choice network and Harvard Pilgrim network	Kaiser Permanente doctors and facilities only
<b>Plan-Year Deductible (August 1 to July 31)</b>	<i>In- and Out-of-Network (includes prescription drugs):</i> \$1,300 individual \$2,600 family	No deductible	No deductible	No deductible
<b>Intuit's HSA Contribution (if applicable)</b>	<b>Salary less than \$80,000</b> \$1,000 individual \$2,000 family  <b>Salary \$80,000 or more</b> \$750 individual \$1,500 family	N/A	N/A	N/A
<b>Coinsurance</b>	<b>After Deductible:</b> <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR*	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Plan-Year Out-of-Pocket Maximum</b> <i>("Family" refers to two or more people)</i>	\$2,600 individual \$5,200 family This amount includes deductibles, coinsurance and pharmacy	\$2,000 individual \$6,000 family This amount includes your medical copays, but does not include non-compliance penalties	\$2,000 individual \$6,000 family This amount includes your medical copays	\$1,500 individual \$3,000 family This amount includes your medical and pharmacy copays

**Physician Services**

<b>Teladoc</b>	<i>Board-certified doctors are available by phone or secure video 24/7 to diagnose and prescribe medicine for conditions such as allergies, asthma, bronchitis, cold and flu, and pink eye.</i>  You pay the full cost for visits until you meet the deductible; after deductible, plan pays 90%	No cost to you	No cost to you	No cost to you
<b>Doctor's Office Visit</b>	<b>After Deductible:</b> <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR*	You pay \$20 copay PCP; \$30 CCN** or \$40 non-CCN** specialist	You pay \$15 copay PCP; \$30 specialist	You pay \$20 copay PCP or specialist
<b>Well-Baby/Well-Child Care (includes immunizations)</b>	<i>In-Network:</i> Plan pays 100% <i>Out-of-Network:</i> Plan pays 70% UCR* after deductible	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Preventive Exams (such as routine physicals, immunizations, annual ob-gyn exams and one mammogram per year for women starting at age 40)</b>	<i>In-Network:</i> Plan pays 100% <i>Out-of-Network:</i> Plan pays 70% UCR* after deductible; guidelines apply; call Cigna for details	Plan pays 100%; guidelines apply; call Cigna for details	Plan pays 100%; guidelines apply; call UHC for details	Plan pays 100%; guidelines apply; call Kaiser for details
<b>Non-Hospital X-ray &amp; Lab Services</b>	<b>After Deductible:</b> <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR*	Plan pays 100%; copays apply for services rendered in a physician's office	Plan pays 100%; copays apply for services rendered in a physician's office	Plan pays 100%

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**Urgent Care & Emergency Room**

<b>Urgent Care</b>	<b>After Deductible:</b> <i>In- and Out-of-Network:</i> Plan pays 90%	You pay \$40 copay	You pay \$40 copay	You pay \$20 copay
<b>Emergency Room</b>	<b>After Deductible:</b> <i>In- and Out-of-Network:</i> Plan pays 90%; only covered for true emergencies	You pay \$250 copay (waived if admitted); only covered for true emergencies	You pay \$250 copay (waived if admitted); only covered for true emergencies	You pay \$100 copay (waived if admitted)
<b>Ambulance</b>	<b>After Deductible:</b> <i>In- and Out-of-Network:</i> Plan pays 90%; only covered for true emergencies	Plan pays 100%; only covered for true emergencies	Plan pays 100%; only covered for true emergencies	You pay \$50 per trip

**Surgery**

<b>Inpatient Surgery</b>	<b>After Deductible:</b> <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR*	Plan pays 100% after you pay \$200 facility copay per admission	Plan pays 100% after you pay \$150 hospital copay per admission	Plan pays 100% after you pay \$100 hospital copay per admission
<b>Outpatient Surgery</b>	<b>After Deductible:</b> <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR*	Plan pays 100% after you pay \$100 facility copay per visit	Plan pays 100% after you pay \$30 hospital copay per visit	You pay \$20 copay per procedure

**Mental Health & Substance Abuse Therapy**

<b>Teladoc</b>	<i>Licensed therapists and psychiatrists are available by phone or secure video 24/7 to provide counseling services for stress, anxiety, depression, addiction and abuse.</i>  You pay the full cost for visits until you meet the deductible; after deductible, plan pays 90% based on the type of provider	You pay \$20 copay	You pay \$15 copay	You pay \$20 copay
<b>Inpatient Care</b>	<b>After Deductible:</b> <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR*	Plan pays 100% after you pay \$200 copay per admission	Plan pays 100% after you pay \$150 copay per admission	You pay \$100 copay per admission
<b>Outpatient Care</b>	<b>After Deductible:</b> <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR*	Plan pays 100% after you pay \$30 copay for office visits	Plan pays 100% after you pay \$30 copay	<i>Mental Health:</i> You pay \$20 copay, individual; \$10 copay, group <i>Substance Abuse:</i> You pay \$20 copay, individual; \$5 copay, group

**Other Services**

<b>Infertility</b>	Testing and treatment for underlying conditions, testing to determine cause of infertility, procedures to restore fertility; includes artificial insemination, in vitro, GIFT and ZIFT  <b>After Deductible:</b> <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR*; limited to \$10,000 lifetime maximum for medical and \$7,500 for prescriptions (through CVS Caremark)	Testing and treatment for underlying conditions, testing to determine cause of infertility, procedures to restore fertility; excludes artificial insemination, in vitro, GIFT and ZIFT  You pay \$30 CCN** or \$40 non-CCN** specialist per visit to a physician's office; \$200 admission copay for inpatient services; \$100 copay per visit for outpatient services	Testing and treatment for underlying conditions, testing to determine cause of infertility, procedures to restore fertility; excludes in vitro, GIFT and ZIFT; includes artificial insemination  You pay \$15 copay PCP; \$30 specialist; limited to diagnosis and treatment of underlying condition only; lifetime maximum equals six treatments for artificial insemination; check with your plan administrator for more details on covered services	You pay \$20 copay per visit for outpatient services; \$100 copay per admission for inpatient services; limitations apply; check with Kaiser for more details on covered services
<b>Physical, Speech &amp; Occupational Therapy</b>	<b>After Deductible:</b> <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR*	Up to 60 days per year; you pay \$30 CCN** or \$40 non-CCN** specialist per visit	Up to 30 visits per year; you pay \$30 copay per visit	You pay \$20 copay per visit; physical therapy and speech therapy require authorization by your doctor

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**Other Services Cont.**

<b>Applied Behavioral Analysis (ABA) Therapy</b>	<b>After Deductible:</b> <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR*	<i>In-Network:</i> You pay \$30 copay per visit <i>Out-of-Network:</i> No coverage	<i>In-Network:</i> You pay \$30 copay per visit <i>Out-of-Network:</i> No coverage	You pay \$20 copay per visit; requires authorization by your doctor
<b>Music &amp; Equine Therapy</b>	<b>After Deductible:</b> <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR*	You pay \$30 copay CCN** or \$40 per visit	You pay \$30 copay per visit	Not covered
<b>Acupuncture</b>	Up to 30 visits per year, combined in-network and out-of-network <b>After Deductible:</b> <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR*	Up to 20 visits per year; you pay \$40 copay per visit	Up to 30 visits per year; you pay \$30 copay per visit	You pay \$20 copay per visit; limitations apply—check with plan administrator
<b>Chiropractic Care</b>	Up to 30 visits per year, combined in-network and out-of-network <b>After Deductible:</b> <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR*	Up to 20 visits per year; you pay \$40 copay per visit	Up to 30 visits per year; you pay \$30 copay per visit	Up to 20 visits per year; you pay \$15 copay per visit
<b>Nutritionists</b> <i>(If you have a chronic condition, all plans pay 100% for unlimited visits with a registered and licensed dietitian or nutritionist.)</i>	Up to 5 visits per year with a registered and licensed dietitian or nutritionist covered in-network and out-of-network <b>After Deductible:</b> <i>In-Network:</i> Plan pays 90% <i>Out-of-Network:</i> Plan pays 70% UCR*	Up to 5 visits per year with a registered and licensed dietitian or nutritionist; you pay \$40 copay per visit (covered in- and out-of-network)	Up to 5 visits per year with a registered and licensed dietitian or nutritionist; you pay \$30 copay per visit (covered in- and out-of-network)	Not covered

**Prescription Drugs**

<b>Provider</b>	CVS Caremark: <a href="http://caremark.com">caremark.com</a> 1-888-797-8890			Kaiser Pharmacy or Mail Order Only
<b>Annual Out-of-Pocket Maximum</b>	Prescription amounts count toward medical plan out-of-pocket maximum	\$4,600 individual \$7,200 family	\$4,600 individual \$7,200 family	Prescription copays count toward medical plan out-of-pocket maximum
<b>Generic</b>	<b>After Deductible:</b> <i>Retail:</i> You pay \$5 or less for 30-day supply*** <i>Mail Order:</i> You pay \$10 for 90-day supply	<i>Retail:</i> You pay \$5 or less for 30-day supply*** <i>Mail Order:</i> You pay \$10 for 90-day supply	<i>Retail:</i> You pay \$5 or less for 30-day supply*** <i>Mail Order:</i> You pay \$10 for 90-day supply	<i>Retail:</i> You pay \$10 at Kaiser pharmacy for up to 30-day supply <i>Mail Order:</i> You pay \$20 for 100-day supply
<b>Preferred Brand Name</b>	<b>After Deductible:</b> <i>Retail:</i> You pay 10% (\$15 minimum) for 30-day supply*** <i>Mail Order:</i> You pay 10% (\$30 minimum) for 90-day supply	<i>Retail:</i> You pay 30% (\$30 minimum/\$90 maximum) for 30-day supply*** <i>Mail Order:</i> You pay 30% (\$60 minimum/\$180 maximum) for 90-day supply	<i>Retail:</i> You pay \$30 for 30-day supply*** <i>Mail Order:</i> You pay \$60 for 90-day supply	<i>Retail:</i> You pay \$20 at Kaiser pharmacy for up to 30-day supply <i>Mail Order:</i> You pay \$40 for 100-day supply
<b>Nonpreferred Brand Name</b>	<b>After Deductible:</b> <i>Retail:</i> You pay 10% (\$30 minimum) for 30-day supply*** <i>Mail Order:</i> You pay 10% (\$60 minimum) for 90-day supply	<i>Retail:</i> You pay 50% (\$50 minimum/\$150 maximum) for 30-day supply*** <i>Mail Order:</i> You pay 50% (\$100 minimum/\$300 maximum) for 90-day supply	<i>Retail:</i> You pay \$60 for 30-day supply*** <i>Mail Order:</i> You pay \$120 for 90-day supply	<i>Retail:</i> You pay \$20 at Kaiser pharmacy for up to 30-day supply <i>Mail Order:</i> You pay \$40 for 100-day supply

\* A fee is considered to be usual, customary and reasonable (UCR) if it falls within the parameters of the average or commonly charged fee for the particular service within a specific community.

\*\* You pay less when you use Cigna Care Network (CCN) specialists. Contact Cigna for details about CCN specialists.

\*\*\* After two retail fills of maintenance medications, you must go through mail order or use a CVS pharmacy and fill a 90-day supply. Otherwise, a penalty copay is charged (\$15 for generic, \$20 for preferred brand name and \$40 for nonpreferred brand name).