

2024 MEDICAL PLAN OPTIONS



TYPE OF SERVICE	Gold Plan		Silver Plan	
	In-network	Out-of-network	Schedule 1	Schedule 2
	Cigna's Open Access Plan		Parrish & Steward Hospital Systems & their Affiliates, plus Independent Physicians in Brevard County and all Cigna Ancillary ¹ Providers	Health First & other Cigna network providers, excluding Schedule 1 providers, plus Out-of- Network Providers
Annual Deductible (Indiv/Fam)	Wellness: \$1,500/\$3,000 1/2 Wellness: \$2,000/\$4,000 Non-Wellness: \$2,500/\$5,000	Wellness: \$3,000/\$6,000 1/2 Wellness: \$4,000/\$8,000 Non-Wellness: \$5,000/\$10,000	Wellness: \$750/\$1,500 1/2 Wellness: \$1,250/\$2,500 Non-Wellness: \$1,750/\$3,500	Wellness: \$1,250/\$2,500 1/2 Wellness: \$2,250/\$4,500 Non-Wellness: \$3,250/\$6,500
Coinsurance (mbr paid)	20%	50%	20%	40%
Annual Out-Of-Pocket Maximum (Indiv/Fam)	\$5,500/\$11,000 (Medical)	\$12,500/\$25,000 (Medical)	\$4,500/\$9,000 (Medical)	\$6,500/\$13,000 (Medical)
OFFICE VISITS				
Primary Care office visit	Tier 1*: \$30/ Non-Tier 1: \$45	50% AD ³	\$30	40% AD
Specialist office visit	Tier 1*: \$50/ Non-Tier 1: \$75	50% AD	\$50	40% AD
BPS Employee Well-Care Centers	\$0	Not Covered	\$0	Not Covered
Preferred Health Center	\$30	Not Covered	\$30	Not Covered
Advanced Radiology/ Outpatient Facility at a Preferred Facility	\$200	50% AD	\$125	40% AD
HOSPITAL SERVICES				
Inpatient Hospital	\$900 copay + 20% AD	50% AD	\$600 copay + 20% AD	40% AD
Outpatient Surgery	20% AD	50% AD	20% AD	40% AD
EMERGENCY & LAB				
Emergency Room	\$450 copay + 20% AD		\$300 copay+ 20% AD	
Urgent Care	\$75	\$75	\$50	\$50
Major Diagnostics (CT/ PET scans, MRI) Outpt/ Non-preferred	20% AD	50% AD	20% AD	40% AD
PHARMACY BENEFITS				
Separate Out-of-Pocket Maximum (OOPM)	Indiv/Family: \$2,200/\$4,400	Not Covered	Indiv/Family: \$2,200 /\$4,400	Not Covered
Generic	\$20	Not Covered	\$20	Not Covered
Preferred Brand	\$50	Not Covered	\$50	Not Covered
Non-Preferred Brand	\$150	Not Covered	\$150	Not Covered
Mail Order Pharmacy	2x 30-day Retail	Not Covered	2x 30-day Retail	Not Covered

NOTES:

*Tier 1 = For lower copay, provider must have the Tier 1 symbol – ✓ Tier 1 Provider next to their name in Cigna's provider directory.

1. Ancillary Providers, e.g., labs, imaging centers, and outpatient surgical facilities
2. "Non-contracted" means has no contract with Cigna
3. AD = After Deductible

