

MILTON PARK PARTNERS - 8/1/23 - 7/31/24

Medical Plan Options	NEW OPTION #1		NEW OPTION #2		NEW OPTION #3		NEW OPTION #4	
Carrier	Cigna Healthcare		Cigna Healthcare		Cigna Healthcare		Cigna Healthcare	
Network	Open Access Plus - OAP Buy-Up		Open Access Plus - OAP Base		Open Access Plan - Buy-Up		Open Access Plan - Base	
Plan Name	Open Access Plus - \$500 Deductible - OAP Buy Up		Open Access Plus - \$2500 Deductible - OAP Base		H.S.A. - OAP HDHPQ		H.S.A. - OAP HDHPQ	
Annual Deductible	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual	\$500	\$5,000	\$2,500	\$7,500	\$4,500	\$10,000	\$6,000	\$10,000
Family	\$1,000	\$10,000	\$7,500	\$22,500	\$9,000	\$20,000	\$12,000	\$20,000
Annual Out of Pocket	Includes Deductible		Includes Deductible		Includes Deductible		Includes Deductible	
Individual	\$4,000	\$10,000	\$7,900	\$23,700	\$6,900	\$20,000	\$6,000	\$20,000
Family	\$8,000	\$20,000	\$15,800	\$47,400	\$13,800	\$40,000	\$12,000	\$40,000
Co-Insurance	20%	40%	20%	50%	0%	50%	0%	50%
Lifetime Max Benefit	Unlimited		Unlimited		Unlimited		Unlimited	
Physician Office Visit	What you will pay - after you meet the deductible		What you will pay - after you meet the deductible		What you will pay - after you meet the deductible		What you will pay - after you meet the deductible	
Virtual visits (Telehealth)	\$25 Copay per visit & plan pays 100% (deductible doesn't apply)	Not Applicable	\$30 Copay per visit & plan pays 100% (deductible doesn't apply)	Not Applicable	0% Coinsurance	Not Applicable	0% Coinsurance	Not Applicable
Primary Care	\$25 Copay per visit & plan pays 100% (deductible doesn't apply)	40% Coinsurance	\$30 Copay per visit & plan pays 100% (deductible doesn't apply)	50% Coinsurance	0% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance
Specialist	\$50 Copay per visit & plan pays 100% (deductible doesn't apply)	40% Coinsurance	\$60 Copay per visit & plan pays 100% (deductible doesn't apply)	50% Coinsurance	0% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance
Preventive Care / Screening / Immunizations	No Charge	40% Coinsurance	No Charge	50% Coinsurance	No Charge	50% Coinsurance	No Charge	50% Coinsurance
Lab/ Diagnostic	What you will pay - after you meet the deductible		What you will pay - after you meet the deductible		What you will pay - after you meet the deductible		What you will pay - after you meet the deductible	
Office	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit	0% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance
Freestanding Diagnostic/Lab	20% Coinsurance	40% Coinsurance	20% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance
Outpatient Diagnostic	20% Coinsurance	40% Coinsurance	20% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance
X-Ray (Office)	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit	0% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance
Freestanding Radiology	20% Coinsurance	40% Coinsurance	20% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance
Outpatient X-Rays	20% Coinsurance	40% Coinsurance	20% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance
Freestanding Imaging (CT/MRI)	20% Coinsurance	40% Coinsurance	20% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance
Hospital Imaging (CT/MRI)	20% Coinsurance	40% Coinsurance	20% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance
Hospital Charge	What you will pay - after you meet the deductible		What you will pay - after you meet the deductible		What you will pay - after you meet the deductible		What you will pay - after you meet the deductible	
In-Patient (IP) Deductible & Coinsurance (D&C)	20% Coinsurance	40% Coinsurance	20% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance
In-Patient Physician	20% Coinsurance	40% Coinsurance	20% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance
Out-Patient Surgery - Hospital	20% Coinsurance	40% Coinsurance	20% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance
Out-Patient Surgery - Freestanding Center	20% Coinsurance	40% Coinsurance	20% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance
Out-Patient Physician	20% Coinsurance	40% Coinsurance	20% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance
Emergency (ER)	\$500 copay per visit (deductible doesn't apply)		\$350 copay per visit plus 20% Coinsurance		0% Coinsurance		0% Coinsurance	
Urgent Care (UC)	\$50 Copay per visit & plan pays 100% (deductible doesn't apply)	40% Coinsurance	\$50 Copay per visit & plan pays 100% (deductible doesn't apply)	50% Coinsurance	0% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance
RX deductible (if any)	\$200 person / \$400 Family		\$200 person / \$400 Family		Combined with In-Network Medical deductible		Combined with In-Network Medical deductible	
RX (Tier I / Tier II / Tier III / Tier IV) Retail	\$10 / \$45 / \$85 / \$125	You pay 50% & Your plan pays 50%	\$10 / \$45 / \$85 / \$125	You pay 50% & Your plan pays 50%	\$15 / \$40 / \$80 / 25% up to \$350 (after deductible is met)	You pay 50% & Your plan pays 50%	0% Coinsurance	
RX (Tier I / Tier II / Tier III / Tier IV) 90 day home delivery	2.5 x Retail	Not Covered	2.5 x Retail	Not Covered	2.5 x Retail	Not Covered	0% Coinsurance	Not Covered
Tier Level	New Rate		New Rate		New Rate		New Rate	
Employee Only	\$972.76		\$851.74		\$756.68		\$712.49	
Employee + Spouse	\$2,042.77		\$1,788.67		\$1,589.01		\$1,496.21	
Employee + Child(ren)	\$1,848.22		\$1,618.32		\$1,437.67		\$1,353.72	
Employee + Family	\$2,918.25		\$2,555.24		\$2,270.02		\$2,137.46	

This representation above is for informational purposes only. Please consult the applicable Summary of Benefits for specific details on each plan.

* Deductible/coinsurance may not apply to certain services; You may have to pay for services that aren't preventative.

** Preauthorization required for out of network for certain services or benefit reduces to 50% of allowed

*** \$500 Hospital-Based per occurrence deductible applies prior to the overall deductible.

****Preferred 90 Day Retail Network Pharmacy. If you use an out-of-network pharmacy (including a mail order pharmacy), you may be responsible for any amount over the allowed amount.

***** If you receive services in addition to office visit, urgent care visit, additional copays, deductibles, or coinsurance may apply (e.g. surgery)

In 2023, maximum HSA contribution is \$3,850 single/\$7,750 family. These amounts are subject to change by the IRS and do not include catch-up contributions for subscribers age 55 and over of \$1,000.