

## Medical Coverage and Costs (Non-Union)

### Understanding the Medical Plan Offering

In 2023, you will continue to have coverage through Cigna’s **Open Access Plus (OAP) Plan**. The plan is designed to meet your and your family’s health care needs by providing coverage for a wide range of services. It can help you manage your medical expenses and protect you from the potentially high cost of medical care.

Each time you need medical care, you decide which health care provider to use. You can receive care from an in-network or out-of-network provider. However, if you go out-of-network, your costs will be higher, and you may have to submit a claim form for reimbursement.

You can check your eligibility, benefits, claims or claim payments, search for a doctor or hospital, and much more at [www.mycigna.com](http://www.mycigna.com) or call **1-866-494-2111**.

### Medical Transportation Support for 2023

You will continue to have 24/7 access to MASA. You will also have additional coverage that provides airlift services to Puerto Rico or Miami, when needed. See the MASA one-pager [here](#) for more information.

### Medical Coverage

	In-Network	Out-of-Network
<b>Annual Deductible</b> Individual Family	\$250 \$500	\$250 \$500
<b>Plan Coinsurance</b>	80% after deductible (unless noted otherwise)	60% after deductible (unless noted otherwise)
<b>Maximum Annual Out-of-Pocket Expenses</b> Individual Family	\$2,000 \$4,000	\$2,000 \$4,000
<b>Lifetime Maximum Benefit</b>	Unlimited	Unlimited
<b>Doctor’s Services</b>		
○ Primary physician, specialist and sub-specialist (office visit for illness or injury)	100% after \$20 copay	60% after deductible
○ Preventive care	100%	Not covered
○ Allergy tests, including allergy vaccines	100% after \$20 copay	60% after deductible

	-In-Network	Out-of-Network
<b>Hospital</b> (inpatient or outpatient) or independent facility	80% after \$250 copay	60% after \$250 copay
<b>Urgent Care</b>	100% after \$50 copay	100% after \$50 copay
<b>Emergency Care</b>	100% after \$100 copay	100% after \$100 copay
<b>Lab Tests and X-rays</b>	80% (deductible applies if provided in the emergency)	60% after deductible
<b>Advanced Radiological Imaging*</b> (MRI, MAR, CT, PET, SPECT, etc.); inpatient or outpatient	80% after deductible	60% after deductible
* Pre-certification required for SPECT, CT and PET Scans		
<b>Rehabilitation Services</b> – up to 20 visits (includes manipulative treatment; physical, respiratory, occupational and speech therapy; pulmonary or cardiac rehabilitation; post-cochlear implant aural therapy)	\$20 copay	60% after deductible
<b>Maternity Benefits</b> (covered as any other illness) Pre- and postnatal care Inpatient	\$20 copay 80% after \$250 copay	60% after deductible 60% after \$250 copay
<b>Durable Medical Equipment</b> (unlimited maximum)	80% after deductible	60% after deductible
<b>Prosthetic Devices and Implants</b> (unlimited maximum)	80% after deductible	60% after deductible
<b>Home Health Care</b> (up to 60 days a calendar year)	80% after deductible (pre-certification required)	60% after deductible
<b>Skilled Nursing Facility</b> (up to 120 days a calendar year)	80% after deductible	60% after deductible
<b>Hospice Care</b>	80% after deductible	60% after deductible
<b>Hearing Aids</b> (max 1 per ear every 36 months – coverage through age 20)	80% after deductible	60% after deductible
<b>Organ Transplant and Tissue Coverage</b> (pre-certification required)	\$250 per admission using a LifeSource facility	Not covered
<b>Mental Health and Substance Abuse</b> Inpatient Outpatient	80% after \$250 copay 100% after \$20 per visit copay	60% after \$250 copay 60% after deductible

## Prescription Drug Coverage

### IN-NETWORK

Prescription Drugs	Retail Network up to a 30-day supply	Flex 90 or Mail Order up to a 90-day supply
Generic	\$10 copay	\$30 copay
Preferred Brand	\$40 copay	\$120 copay
Non-Preferred Brand	\$60 copay	\$180 copay
Specialty	\$60 copay	\$180 copay

**Note:** Certain over-the-counter medications are covered at 100% if you have a prescription from your doctor.

### OUT-OF-NETWORK

Prescription Drugs	Retail Network up to a 30-day supply	Flex 90 or Mail Order up to a 90-day supply
Generic	You pay 50%	Not covered
Brand	You pay 50%	Not covered
Specialty	You pay 50%	Not covered

## Medical Coverage Costs

In 2023, your contributions for medical coverage will slightly increase. There are differences in costs when covering a spouse versus a child. Therefore, it is important to ensure your contributions accurately reflect who is being covered. If you are covering a Domestic Partner (DP) under your plan, his or her health care coverage premium is taxable. The value of your domestic partner's coverage will be reflected in your payroll statement as imputed income, and income taxes will be withheld from your pay based on your tax liability for that imputed income.

If you are an eligible new hire, your coverage effective date is your start date. Coverage contribution will be deducted for the full month premium.

Coverage Tiers	CIGNA OAP
	2023 Monthly Contribution
Employee Only	\$127.29
Employee + Spouse	\$280.02
Employee + Child(ren)	\$241.84
Family	\$407.31