

Medical Plan Summary

This chart summarizes the 2027 medical coverage provided by Cigna. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

	VALUE PLAN		HSA PLAN		PREMIUM PLAN		UTAH PREMIUM PLAN**	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE								
INDIVIDUAL	\$6,000	\$12,000	\$4,250	\$8,500	\$4,000	\$8,000	\$2,250	\$4,500
FAMILY	\$12,000	\$24,000	\$8,500	\$17,000	\$8,000	\$16,000	\$4,500	\$9,000
COINSURANCE (EMPLOYER PAYS)	70%	50%	70%	50%	80%	60%	80%	60%
ANNUAL OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)								
INDIVIDUAL	\$12,000	\$24,000	\$8,500	\$17,000	\$8,000	\$16,000	\$4,500	\$9,000
FAMILY	\$24,000	\$48,000	\$17,000	\$34,000	\$16,000	\$32,000	\$9,000	\$18,000
COPAYS/COINSURANCE (EMPLOYEE PAYS)								
PREVENTIVE CARE	\$0	50%*	\$0	50%*	\$0	40%*	\$0	40%*
VIRTUAL CARE (MDLIVE)	\$15	Not Covered	30%*	Not Covered	\$15	Not Covered	\$15	Not Covered
PRIMARY CARE	\$50	50%*	30%*	50%*	\$30	40%*	\$30	40%*
SPECIALIST	\$60	50%*	30%*	50%*	\$50	40%*	\$50	40%*
DIAGNOSTIC TEST (X-RAY, BLOOD WORK)	30%*	50%*	30%*	50%*	20%*	40%*	20%*	40%*
IMAGING (CT/PET SCANS, MRIS)	30%*	50%*	30%*	50%*	20%*	40%*	20%*	40%*
HOSPITAL - INPATIENT	30%*	50%*	30%*	50%*	20%*	40%*	20%*	40%*
HOSPITAL - OUTPATIENT	30%*	50%*	30%*	50%*	20%*	40%*	20%*	40%*
URGENT CARE	\$50	50%*	30%*	50%*	\$50	40%*	\$50	40%*
EMERGENCY ROOM	30%*	30%*	\$250 copay and 30%*	\$250 copay and 30%*	\$750	\$750	\$500	\$500

* After deductible.
** Available only to employees residing in the state of Utah.

The individual deductible amount must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a "per individual" deductible amount will also be applied toward the "per family" deductible amount. When the family deductible amount is reached, no further individual deductibles will have to be met for the remainder of that plan year. No member may contribute more than the individual deductible amount to the "per family" deductible amount. The same applies for the out-of-pocket maximum.

Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through OptumRx. This means you will have two ID cards: one for medical care and one for prescription drugs. You may find more information on your benefits coverage and search for network pharmacies by logging on to optumrx.com, by calling 866-818-6911, or by calling the Customer Care number on your ID card. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Preferred Generic Drugs, Preferred Brand Drugs, Non-Preferred Brand Drugs, or Preferred Specialty Drugs.

Plan Feature	VALUE PLAN	HSA PLAN	PREMIUM PLAN	UTAH PREMIUM PLAN**
	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK
Rx Deductible	Combined with Medical	Combined with Medical	\$200 per person (brand Rx only)	None
RETAIL RX (30-DAY SUPPLY)				
Generic Drugs (Preferred)	30%*	30%*	\$25	\$10
Brand Drugs (Preferred)	30%*	30%*	\$40	\$25
Brand Drugs (Non-Preferred)	30%*	30%*	\$70	\$40
Specialty Drugs (Preferred)	30%*	30%*	\$130	\$100
MAIL ORDER RX (90-DAY SUPPLY)				
Generic Drugs (Preferred)	30%*	30%*	\$40	\$20
Brand Drugs (Preferred)	30%*	30%*	\$70	\$50
Brand Drugs (Non-Preferred)	30%*	30%*	\$130	\$80

* After deductible.
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Note

Apps and prescription discount programs such as GoodRx, Amazon Prime Rx Savings, Optum Perks, and Cost Plus Drug Company let you compare prices of prescription drugs and may help you find lower costs. These programs are not affiliated with Cigna or OptumRx. Availability, pricing, and discounts vary and are subject to change.

