

Fire (Run on Calendar Year)

In-Network Benefits	Cigna Choice Fund Open Access Plus HRA	Cigna Open Access Plan OAP 65 & OAP 3	Aetna SPP ESA PPO Plan *In & Out-of-Network Benefits
Deductible (Individual/Family)	\$2,000/\$4,000	\$0	\$0
Coinsurance	0%	0%	0%
Out-of-Pocket Max (Individual/Family)	\$3,000/\$6,000	\$400/\$800	\$2,000 Combined In and Out-of-Network
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Preventive Care*	0% after Ded.	\$10 Copay	Plan pays 100% *Includes Medicare-covered Preventive Services *Preventive labs, screenings and/or diagnostic tests received during visits are subject to diagnostic cost share
PCP Office Visit	0% after Ded.	\$10 Copay	\$15 Copay
Specialist Office Visit	0% after Ded.	\$10 Copay	\$15 Copay
Radiology (advanced & non-advanced)	0% after Ded.	Plan pays 100%	Plan pays 100%
Hearing Exam*	One exam per contract year	One exam per calendar year	\$15 Copay (Routine & Medicare covered exams)
Dental Exam	Not Covered	Not Covered	\$15 Copay for Medicare Covered *Non-Routine care covered by Medicare
Vision Exam*	Not Covered	Not Covered	\$15 Copay \$0 Diabetic Eye Exam One exam every 12 months
Skilled Nursing Facility	Covered 100% 60 day annual limit	Covered 100% 60 day annual limit	\$0 per day Unlimited days per Medicare Benefit Period
Outpatient Mental Health	Covered at 100%	\$10 Copay	\$15 Copay
Outpatient Therapy	0% after Ded.	\$10 Copay	Plan pays 100%
Chiropractic Care*	0% after Ded. 30 days per contract year	\$10 Copay 30 days per calendar year	Plan pays 100%
Acupuncture*	0% after Ded. 20 days per contract year	\$10 Copay UNLIMITED Per Calendar Year	\$15 Copay
Diabetic Supplies	Covered 100%, ded waived	Not Covered	Plan pays 100% Includes supplies to monitor blood glucose
Urgent Care	0% after Ded.	\$10 Copay	\$15 Copay then plan pays 100%

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Outpatient Hospital	0% after Ded.	Plan pays 100%	Plan pays 100%
Inpatient Hospital	0% after Ded.	\$100 per admission	Plan pays 100%
Physical Terapy Services (ST, PT, OT)	0% after Ded. 30 days per contract year	\$10 Copay 30 days per calendar year	Plan pays 100%
Telemedicine	Covered 100%	\$10 Copay	Plan pays 100%
Transportation to Dr. Appts*	Not Covered	Not Covered	Plan pays 100% *up to 24 one-way trips (60 miles per trip) through Access2Care
Meals Post Inpatient Discharge*	Not Covered	Not Covered	Plan pays 100% 2 meals/day for 14 days through GA Foods
Fitness Benefit*	Not Covered	Not Covered	Plan pays 100% Covered through SilverSneakers
Care Management*	Not Covered	Not Covered	Plan pays 100% https://ct.aetnamedicare.com/added-benefits-and-wellness/wellness/managing-your-health
Out-of-Network Benefits	Cigna Choice Fund Open Access Plus HRA	Cigna Open Access Plan OAP 65 & OAP 3	Aetna SPP ESA PPO Plan *In & Out-of-Network Benefits
Deductible (Individual/Family)	\$2,000/\$4,000	\$200/\$400	\$0
Coinsurance	20%	20%	0%
Out-of-Pocket Max (Individual/Family)	\$4,000/\$8,000	\$1,200/\$2,400	\$2,000 Combined In and Out-of-Network
Benefit Maximum	Unlimited	Unlimited	Unlimited
Prescription Drugs	In-Network/ Out-of-Network	In-Network/ Out-of-Network	In-Network/ Out-of-Network Medicare Part D
Tier 1 - Generic	\$5 / 20%	Rx copays will vary depending on retirement date through Maxor/PBIRx	\$5/\$5
Tier 2 - Preferred	\$25 / 20%		\$25/\$25
Tier 3 - Non-Preferred	\$40 / 20%		\$40/\$40
Tier 4 - Speciality	N/A		\$40/\$40
<i>Maintenance Drugs</i>	<i>N/A</i>	<i>N/A</i>	<i>\$0/\$5/\$12.50/\$12.50</i>
<i>Medicare Part B Prescription Drugs</i>	<i>N/A</i>	<i>N/A</i>	<i>Plan Pays 100%</i>