

# SafePoint Insurance

Medical Plan Comparison Effective	Current		Proposed Alternate		Proposed Alternate	
Carrier	Cigna					
Network	Open Access					
Premium Rate Tiers	Premium Rate	Enrollment				
Single	\$366.97	14				
Employee + Spouse	\$880.60	5				
Employee + Child(ren)	\$621.75	4				
Family	\$1,181.80	5				
Estimated Monthly Premium	\$17,937		\$0			
Estimated Annual Premium	\$215,239		\$0.00			\$0.00
Percentage Change			-100.00%			
Dollar Change			-\$215,239			
Member Responsibility	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible (CYD)						
Individual	\$500	\$2,000				
Family	\$1,500	\$4,000				
Coinsurance (COIN)	20%	60%				
Out-of-Pocket Maximum						
Individual	\$2,500	\$5,000				
Family	\$5,000	\$10,000				
Physician Office Visit						
Telemedicine/Virtual Visit	\$25 Copay	Telehealth: Not Covered Visit: CYD + COIN	Virtual			
Primary Care Physician	\$25 Copay	CYD + COIN				
Preventive Care	0% (Covered in Full)	CYD + COIN				
Specialist	\$50 Copay	CYD + COIN				
Urgent Care	\$50 Copay	CYD + COIN				
Diagnostic Lab/X-Ray (Non-Preventive)	Independent Lab: \$0 Copay Physician Office: Covered in Visit Copay	CYD + COIN				
Advanced Imaging (CT/ PET Scans, MRI) <small>*Prior Authorization Required</small>	\$100 Copay	CYD + COIN				
Inpatient Care/Hospitalization	CYD + COIN	\$500 PAD + CYD + COIN				
Emergency Room Visit	\$150 Visit Fee + CYD + COIN					
Prescriptions	In-Network	Out-of-Network				
Level 1 - Preferred Generic	\$15 Copay	Not Covered				
Level 2 - Preferred Brand	\$40 Copay	Not Covered				
Level 3 - Non-Preferred Brand	\$70 Copay	Not Covered				
Level 4 - Preferred Specialty	\$90 Copay	Not Covered				
Mail Order	2.5x Retail Copay	Not Covered				
Notes						

# SafePoint Insurance

# SafePoint Insurance

--