

## Review your plan options

### Option 1

### Option 2

	OAP Deductible Plan <sup>2</sup>		OAP Deductible Plan with HSA <sup>2</sup>	
<b>MEDICAL PLAN HIGHLIGHTS</b>				
	Employee	Family	Employee	Family
<b>Medical deductible</b>				
In-network	\$650	\$1,625	\$1,350	\$2,700
Out-of-network	\$1,500	\$3,750	\$2,700	\$5,400
<b>Out-of-pocket maximum</b>				
In-network <sup>1</sup>	\$2,750	\$5,500	\$2,700	\$5,400
Out-of-network	Unlimited	Unlimited	\$5,400	\$10,800
Total contribution to HSA from employer	\$0	\$0	\$500	\$1,000
Contribution to HSA from employer upon completion of biometric screening and health assessment	Not available	Not available	\$125	\$125 (Spouse only)

### PRESCRIPTION MEDICATION HIGHLIGHTS

**Participants must use Cigna in-network pharmacies, there are no benefits for out-of-network pharmacies.**

	Retail (30-day supply)	Retail (90-day supply)	Home Delivery (90-day supply)	Retail (30-day supply)	Retail (90-day supply)	Home Delivery (90-day supply)
<b>Pharmacy deductible</b>	Not applicable	Not applicable	Not applicable	Combined with medical plan deductible	Combined with medical plan deductible	Combined with medical plan deductible
<b>Generic</b>	\$15	\$15	\$15	30% after deductible	30% after deductible	30% after deductible
<b>Preferred brand</b>	\$30 or 40%, maximum \$100	\$50	\$50	40% after deductible	40% after deductible	40% after deductible
<b>Non-preferred brand</b>	\$45 or 50%, maximum \$150	\$85	\$85	50% after deductible	50% after deductible	50% after deductible
<b>Out-of-pocket maximum</b>	\$4,000 employee \$8,000 family			Combined with medical out-of-pocket maximum	Combined with medical out-of-pocket maximum	Combined with medical out-of-pocket maximum
<b>Preventive drugs at no additional cost for GENERIC: High blood pressure, cholesterol, diabetes, asthma, osteoporosis, heart attack, stroke, prenatal nutrient deficiency</b>	Not available	Not available	Not available	Not available	Covered 100%	Covered 100%

## Option 3

## Option 4

	LocalPlusIN Network, Deductible Plan <sup>2</sup>		LocalPlusIN Network, Deductible Plan with HSA <sup>2</sup>	
<b>MEDICAL PLAN HIGHLIGHTS</b>				
	Employee	Family	Employee	Family
<b>Medical deductible</b>				
In-network	\$650	\$1,625	\$1,350	\$2,700
Out-of-network	No out-of-network benefits	No out-of-network benefits	No out-of-network benefits	No out-of-network benefits
<b>Out-of-pocket maximum</b>				
In-network <sup>1</sup>	\$2,750	\$5,500	\$2,700	\$5,400
Out-of-network	No out-of-network benefits	No out-of-network benefits	No out-of-network benefits	No out-of-network benefits
Total contribution to HSA from employer	\$0	\$0	\$500	\$1,000
Contribution to HSA from employer upon completion of biometric screening and health assessment	Not available	Not available	\$125	\$125 (Spouse only)

**PRESCRIPTION MEDICATION HIGHLIGHTS**

Participants must use Cigna in-network pharmacies, there are no benefits for out-of-network pharmacies.

	Retail (30-day supply)	Retail (90-day supply)	Home Delivery (90-day supply)	Retail (30-day supply)	Retail (90-day supply)	Home Delivery (90-day supply)
<b>Pharmacy deductible</b>	Not applicable	Not applicable	Not applicable	Combined with medical plan deductible	Combined with medical plan deductible	Combined with medical plan deductible
<b>Generic</b>	\$15	\$15	\$15	30% after deductible	30% after deductible	30% after deductible
<b>Preferred brand</b>	\$30 or 40%, maximum \$100	\$50	\$50	40% after deductible	40% after deductible	40% after deductible
<b>Non-preferred brand</b>	\$45 or 50%, maximum \$150	\$85	\$85	50% after deductible	50% after deductible	50% after deductible
<b>Out-of-pocket maximum</b>	\$4,000 employee \$8,000 family			Combined with medical out-of-pocket maximum	Combined with medical out-of-pocket maximum	Combined with medical out-of-pocket maximum
<b>Preventive drugs at no additional cost for GENERIC: High blood pressure, cholesterol, diabetes, asthma, osteoporosis, heart attack, stroke, prenatal nutrient deficiency</b>	Not available	Not available	Not available	Not available	Covered 100%	Covered 100%