

Option 4

LocalPlus IN Deductible Plan with HSA: A health plan that gives you the right mix of health benefits – at the right price

This option combines a LocalPlus IN Deductible Plan with a Health Savings Account (HSA) to provide coverage for medical care, including visits to your doctor’s office, hospital stays, behavioral health and substance use services, chiropractic treatment, physical therapy and other services.

With a LocalPlus IN Deductible Plan, you have a local network that is limited to doctors, specialists and hospitals who understand the needs of your community.

How you can save:

- ▶ In your local area, or when in any LocalPlus Network area, you must receive care from a health care provider or facility in this network to receive coverage.
- ▶ If you’re away from home and need care, just look for a participating LocalPlus doctor in the area or if you are outside the LocalPlus service area, you can use doctors or hospitals in our Away From Home Care feature.
- ▶ If you choose to go outside the LocalPlus Network when one is available – or outside the Away From Home Care feature when LocalPlus isn’t available – your care will not be covered by the plan (except in an emergency).

With the LocalPlus Deductible Plan, you’ll pay an annual amount (deductible) before your health plan begins to pay for covered health care costs. Plan deductible always applies before any coinsurance.

- ▶ All eligible family members contribute towards the family plan deductible. Once the family deductible has been met, the plan will pay each eligible family member’s covered expenses, based on the coinsurance level specified by the plan.

Important features

- Option to choose a primary care provider to help guide your care. It’s recommended, but not required.

- No referral is needed to see a specialist, although prior authorization may be required.
- Certain in-network preventive care services are covered at no added cost to you.
- 24-hour coverage for emergency care, in- or out-of-network.
- Access to Cigna’s national network of labs, x-ray and dialysis centers.
- The amount you pay out of pocket is limited by your plan’s out-of-pocket maximum. Once you spend the annual maximum amount, the health plan pays your covered health care costs at 100%.
- No claim paperwork necessary when you receive care in-network.
- You may enroll in a dependent care flexible spending account (FSA).
- You may not enroll in the medical FSA, if enrolling in this plan.

Save money to pay for some of your health expenses

You and your employer may contribute to your HSA up to the current federal limit. The federal limits are \$3,600 for an Individual and \$7,200 for Family in 2021. Employees who are age 55 may make an additional catch-up contribution of up to \$1,000. The maximum contribution allowed is determined by the number of months you are enrolled in the plan during the year. Your deductible plan with HSA combines a high-deductible health plan with a compatible tax-advantaged HSA. You can use your account to help pay for some of your covered health costs. You can also use your account to pay for qualified covered health care costs not covered through your health plan, such as dental, vision and over-the counter costs.

Remember, this brochure is a guide only. Make sure to read all your enrollment information thoroughly, Plan details may vary. You can view highlights of these plans on pages 10–13.

Pay period deductions effective January 1, 2021

	COUNTY GOVERNMENT		BOARD OF EDUCATION		
	Monthly cost	Per pay period 26 pays	Per pay period 20 pays*	Per pay period 22 pays*	Per pay period 24 pays**
Employee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 1	\$107.34	\$49.54	\$64.40	\$58.55	\$53.67
Family	\$204.92	\$94.58	\$122.95	\$111.78	\$102.46
Spousal Employee + 1	\$207.34	\$95.70	\$124.40	\$113.09	\$103.67
Spousal Family	\$304.92	\$140.73	\$182.95	\$166.32	\$152.46

* Classified Employees only. ** All Educators and 12-month Classified.

Per pay deductions are based on the monthly cost and the number of pay periods in a 12-month period.

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	LocalPlus IN Network, Deductible Plan		LocalPlus IN Network, Deductible Plan with HSA	
MEDICAL PLAN HIGHLIGHTS				
	Employee	Family	Employee	Family
Medical deductible				
In-network	\$700	\$1,750	\$1,400	\$2,800
Out-of-network	No out-of-network benefits	No out-of-network benefits	No out-of-network benefits	No out-of-network benefits
Out-of-pocket maximum				
In-network*	\$2,850	\$5,700	\$2,800	\$5,600
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

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)
Pharmacy deductible	Not applicable	Not applicable	Not applicable	Combined with medical plan deductible	Combined with medical plan deductible	Combined with medical plan deductible
Generic	\$15	\$15	\$15	30% after deductible	30% after deductible	30% after deductible
Preferred brand	\$30 or 40%, maximum \$100	\$50	\$50	40% after deductible	40% after deductible	40% after deductible
Non-preferred brand	\$45 or 50%, maximum \$150	\$85	\$85	50% after deductible	50% after deductible	50% after deductible
Out-of-pocket maximum	\$4,000 Individual \$8,000 Family			Combined with medical out-of-pocket maximum	Combined with medical out-of-pocket maximum	Combined with medical out-of-pocket maximum
Preventive drugs at no additional cost for generic: High blood pressure, cholesterol, diabetes, asthma, osteoporosis, heart attack, stroke, prenatal nutrient deficiency	Not available	Not available	Not available	Not available	Covered 100%	Covered 100%

Option 3

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OFFICE/ROUTINE CARE – WHAT YOU WILL PAY. IF A DEDUCTIBLE APPLIES, IT WILL BE NOTED.

	In-network	Out-of-network	In-network	Out-of-network
Adult preventive care**	Covered 100%	No coverage	Covered 100%	No coverage
Office visit	10% after deductible	No coverage	10% after deductible	No coverage
Specialist visit	10% after deductible	No coverage	10% after deductible	No coverage
Prenatal care	10% after deductible	No coverage	10% after deductible	No coverage
Chiropractic	10% after deductible, limit 10 days/calendar year	No coverage	10% after deductible, limit 10 days/calendar year	No coverage
Physical, occupational and speech therapy	10% after deductible	No coverage	10% after deductible	No coverage
Well-child care**	Covered 100%	No coverage	Covered 100%	No coverage
Lab, x-ray, diagnostic tests	10% after deductible	No coverage	10% after deductible	No coverage
Durable medical equipment	10% after deductible	No coverage	10% after deductible	No coverage
Hospice care	10% after deductible	No coverage	10% after deductible	No coverage

HOSPITAL CARE – WHAT YOU’LL PAY ONCE YOU MEET YOUR DEDUCTIBLE

Inpatient hospitalization	10% after deductible	No coverage	10% after deductible	No coverage
Outpatient surgery	10% after deductible	No coverage	10% after deductible	No coverage
Emergency room	\$155 per visit (copay waived if admitted) then 10% after deductible	\$155 per visit (copay waived if admitted) then 10% after deductible	10% after deductible	10% after deductible
Urgent care center	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Ambulance	10% after deductible	10% after deductible	10% after deductible	10% after deductible

BEHAVIORAL HEALTH AND SUBSTANCE USE – WHAT YOU’LL PAY ONCE YOU MEET YOUR DEDUCTIBLE

Inpatient (unlimited day maximum)	10% after deductible	No coverage	10% after deductible	No coverage
Outpatient	10% after deductible	No coverage	10% after deductible	No coverage

* This is the most a family (employees plus covered family members) will pay for in-network, out-of-pocket expenses. It's important to note that each individual family member's out-of-pocket costs are capped by the IRS at \$6,900 for 2021 health plans, and overall family in-network costs are capped at \$13,800. To see examples of how this works, please visit [InformedOnReform.com](https://www.informedonreform.com) > Reform Topics Overview > Cost Sharing Limits, or [Cigna.com/health-care-reform/embedded-oop-customer-impacts](https://www.cigna.com/health-care-reform/embedded-oop-customer-impacts).

** Certain in-network preventive care services and well-child care services are covered at no added cost to you. You have no deductible to meet for these services.