

# 2020 MEDICAL

## MEDICAL BENEFITS ... AT A GLANCE

	BCBS PPO		CIGNA CHOICE FUND	
	In-Network BLUE NETWORK P	Out-of-Network <sup>1</sup>	In-Network OPEN ACCESS PLUS NETWORK	Out-of-Network <sup>1</sup>
Health Reimbursement Account Fund (Metro funded) <sup>2,3</sup>	N/A	N/A	\$1,100/employee only \$2,200/family	
Your Share of the Deductible <sup>3</sup>	\$0	\$200/employee only \$600/family	\$450/employee only \$900/family	
Coinsurance Maximum <sup>3</sup>	\$1,000/employee only \$2,000/family	\$5,000/employee only \$10,000/family	\$700/employee only \$1,400/family	\$4,550/employee only \$9,100/family
Annual Out-of-Pocket Maximum <sup>3</sup> (includes deduct. & coins. but not copays)	\$1,000/employee only \$2,000/family	\$5,000/employee only \$10,000/family	\$1,150/employee only \$2,300/family	\$5,000/employee only \$10,000/family

### Medical Services

#### After deductible, plan pays... (unless otherwise noted)

#### Well Care/Preventive Care

- Age 7 and older	100% up to \$750, then 80% <sup>4</sup>	60%	100%	70%
- Under age 7	80%	60%	100%	70%

#### Office Visits

- Primary Care Physician <sup>5</sup>	80% after \$20 copay	60% after \$20 copay	90%	70%
- Specialist	80% after \$30 copay	60% after \$30 copay	90%	70%
In-office Procedures (surgery, consultation, allergy injections)	80% after office visit copay	60% after office visit copay	90%	70%

#### Maternity

- Prenatal Care	You pay \$20 copay for initial visit	You pay \$20 copay for initial visit	90%	70%
- Delivery	80%	60%	90%	70%
Hospital	80%	60%	90%	70%
Emergency Room	80% after \$100 copay (copay waived if admitted)	60% after \$100 copay (copay waived if admitted)	90%	90%

#### Mental Health/Substance Abuse

- Outpatient	80% after \$20 copay	60% after \$20 copay	90%	70%
- Inpatient (pre-authorization required)	80%	60%	90%	70%

### Prescription Drugs

#### You pay...

1-month supply		After deductible:
- Generic	\$10 copay	10% of discounted cost
- Brand	\$30 copay	30% of discounted cost
3-month supply (maintenance drugs)	2 times above copays through certain retail pharmacies and mail order; see page 3	Same as above through certain retail pharmacies and mail order; see page 3

<sup>1</sup> If you use an out-of-network provider and charges exceed the Maximum Allowable Charge (MAC), you will be responsible for the difference. In-network providers have agreed not to exceed MAC.

<sup>2</sup> Pensioners with Medicare A & B are not eligible to receive the Health Reimbursement Account Fund.

<sup>3</sup> If you enroll in the employee + child(ren) coverage tier, Metro's HRA Fund contribution (Cigna Choice Fund), your share of the deductible, coinsurance maximum and annual out-of-pocket maximum is the same as the employee + family coverage tier.

<sup>4</sup> Screening colonoscopies, mammograms, PSA tests and PAP exams are covered at 80% after office visit copay (in-network) and 60% after office visit copay (out-of-network), but are not included in the \$750 well-care benefit limit.

<sup>5</sup> Primary Care Physicians include pediatricians, family and general practitioners, internists and OB/GYNs. Specialists include physicians highly trained in specific areas such as cardiology, dermatology, neurology, podiatry, oncology and specialized OB/GYNs.