

MEDICAL

MEDICAL BENEFITS ... AT A GLANCE

	BCBS PPO		CIGNA CHOICE FUND	
	In-Network BLUE NETWORK P	Out-of-Network ¹	In-Network OPEN ACCESS PLUS NETWORK	Out-of-Network ¹
Health Reimbursement Account Fund (Metro funded) ^{2, 3}	N/A	N/A	\$1,100/employee only \$2,200/family	
Your Share of the Deductible ³	\$0	\$200/employee only \$600/family	\$450/employee only \$900/family	
Coinsurance Maximum ³	\$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 ³ (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% ⁴	60%	100%	70%
- Under age 7	80%	60%	100%	70%
Office Visits (telehealth may be available; check your plan coverage)				
- Primary Care Physician ⁵	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

¹ 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.

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

³ 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.

⁴ 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.

⁵ 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.