

| WCPS MEDICAL PLANS                              |                                                                     |                                 |                                          |
|-------------------------------------------------|---------------------------------------------------------------------|---------------------------------|------------------------------------------|
|                                                 | Open Access Plus                                                    |                                 | Open Access Plus IN                      |
|                                                 | In & Out of Network                                                 |                                 | In Network Only                          |
| Network Access                                  | In-Network                                                          | Out-of-Network                  | In-Network                               |
| <b>Plan Year Deductibles (CYD)</b>              | <b>Your Responsibility</b>                                          |                                 | <b>Your Responsibility</b>               |
| Individual / Family                             | \$200 / \$400                                                       | \$400 / \$800                   | \$100 / \$200                            |
| <b>Out-of-Pocket Maximum</b>                    | <b>Your Responsibility</b>                                          |                                 | <b>Your Responsibility</b>               |
| Individual Out-of-Pocket Maximum (Medical / Rx) | \$1,500 / \$4,000                                                   | \$3,000 / N/A                   | \$1,000 / \$4,500                        |
| Family Out-of-Pocket Maximum (Medical / Rx)     | \$3,000 / \$8,200                                                   | \$6,000 / N/A                   | \$2,000 / \$9,000                        |
| <b>Professional Services</b>                    |                                                                     |                                 |                                          |
| Primary Care Physician (PCP) Visit              | \$20 Copay                                                          | Ded. then 30%                   | \$20 Copay                               |
| Specialist Office Visits                        | \$30 Copay                                                          | Ded. then 30%                   | \$30 Copay                               |
| Preventive Care Visit                           | No Charge                                                           | No Benefit                      | No Charge                                |
| <b>Urgent Care and Emergency Room</b>           |                                                                     |                                 |                                          |
| Urgent Care Facility                            | \$50 Copay                                                          | \$50 Copay                      | \$50 Copay                               |
| Emergency Room (waived if admitted)             | \$20 Physician / \$100 Facility                                     | \$20 Physician / \$100 Facility | \$20 Physician / \$100 Facility          |
| <b>Diagnostic Services</b>                      |                                                                     |                                 |                                          |
| X-Ray                                           | Ded. then no charge                                                 | Ded. then no charge             | Ded. then no charge                      |
| MRI, MRA, CT & PET Scans (Outpatient)           | Ded. then no charge                                                 | Ded. then no charge             | Ded. then no charge                      |
| <b>Hospital / Facility Services</b>             |                                                                     |                                 |                                          |
| Inpatient Hospital                              | \$100 Copay per Admission and Deductible                            | Ded then 30%                    | \$100 Copay per Admission and Deductible |
| Outpatient Hospital / Surgical Facility         | \$30 Copay per visit and Deductible                                 | Ded then 30%                    | \$25 Copay per visit and Deductible      |
| <b>Pharmacy Services</b>                        |                                                                     |                                 |                                          |
| Generic                                         | \$10 Copay                                                          |                                 |                                          |
| Preferred Brand                                 | \$40 Copay                                                          |                                 |                                          |
| Non-Preferred Brand                             | \$60 Copay                                                          |                                 |                                          |
| Specialty                                       | \$75 Copay                                                          |                                 |                                          |
| <b><u>Cigna 90Now</u></b>                       | <b><u>Generic / Preferred Brand / Non-Preferred / Specialty</u></b> |                                 |                                          |
| Retail Cigna 90 (90-day supply)                 | \$20 / \$80 / \$120 / \$150                                         |                                 |                                          |
| Mail Order Pharmacy (90 day supply)             | \$20 / \$80 / \$120 / \$150                                         |                                 |                                          |

