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
Plan Year Deductibles (CYD)	**Your Responsibility**		**Your Responsibility**
Individual / Family	$750 / $1,500	$750 / $1,500	$750 / $1,500
Out-of-Pocket Maximum	**Your Responsibility**		**Your Responsibility**
Individual Out-of-Pocket Maximum (Medical / Rx)	$2,000 / $4,000	$4,000 / N/A	$2,000 / $4,500
Family Out-of-Pocket Maximum (Medical / Rx)	$4,000 / $8,200	$8,000 / N/A	$4,000 / $9,000
Professional Services			
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
Urgent Care and Emergency Room			
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
Diagnostic Services			
X-Ray	Ded. then 10%	Ded. then 30%	Ded. then 10%
MRI, MRA, CT & PET Scans (Outpatient)	Ded. then 10%	Ded. then 30%	Ded. then 10%
Hospital / Facility Services			
Inpatient Hospital	Ded. then 10%	Ded then 30%	Ded. then 10%
Outpatient Hospital / Surgical Facility	Ded. then 10%	Ded then 30%	Ded. then 10%
Pharmacy Services			
Generic	$10 Copay		
Preferred Brand	$40 Copay		
Non-Preferred Brand	$60 Copay		
Specialty	$75 Copay		
Cigna 90Now	**Generic / Preferred Brand / Non-Preferred / Specialty**		
Retail Cigna 90 (90-day supply)	$20 / $80 / $120 / $150		
Mail Order Pharmacy (90 day supply)	$20 / $80 / $120 / $150		