

WCPS MEDICAL PLANS			
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	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		
<u>Cigna 90Now</u>	<u>Generic / Preferred Brand / Non-Preferred / Specialty</u>		
Retail Cigna 90 (90-day supply)	\$20 / \$80 / \$120 / \$150		
Mail Order Pharmacy (90 day supply)	\$20 / \$80 / \$120 / \$150		