

MEDICAL BENEFITS AND RATES

PLANS	EPO Plans In-Network Only No PCP ³ Required		HMO Style Plans In-Network Only PCP ³ Required		PPO Plans In-and-Out of Network Coverage No PCP ³ Required		
	Local+ IN 5900 HDHP	Open Access+ IN 5900 HDHP	Local+ IN 3000	Open Access+ IN 3000	Open Access+ 4500 HDHP	Open Access+ 2500	Open Access+ 250
	Same Plan, Different Regions		Same Plan, Different Regions				
AVAILABILITY ¹							
California	✓			✓	✓	✓	✓
California Rural ²				✓	✓	✓	✓
Georgia		✓	Network determined by home zip code		✓	✓	✓
New York		✓		✓	✓	✓	✓
New Jersey		✓	Network determined by home zip code		✓	✓	✓
Alabama, Arkansas, Oklahoma	State laws prohibit in-network only plans.				✓	✓	✓
Other States		✓	Network determined by home zip code		✓	✓	✓
CALENDAR YEAR DEDUCTIBLE (The amount you pay for covered healthcare services before your benefit plan coverage begins. Not all services are subject to the deductible.)							
In Network Deductible (Single)	\$5,900		\$3,000		\$4,500	\$2,500	\$250
In Network Deductible (2 Or More)	\$11,800		\$6,000		\$9,000	\$5,000	\$750
OUTPATIENT (Employee Pays)							
Preventive Benefits	No Copay		No Copay		No Copay	No Copay	No Copay
Office Visits	30%*		\$30		20%*	\$30	\$30
Specialist Visits	30%*		\$50		20%*	\$50	\$50
Urgent Care Facility	30%*		\$50		20%*	\$50	\$50
Emergency Room Facility	30%*		\$200		20%*	\$500	\$250
OTHER SERVICES (Employee Pays)							
Coinsurance	30%*		30%*		20%*	20%*	10%*
Hospital Inpatient Care	30%*		30%*		20%*	20%*	\$500 copay, then 10%*
Annual Maximum Out-of-Pocket (single)	\$6,550		\$6,000		\$7,500	\$9,100	\$5,000
Annual Maximum Out-of-Pocket (2 or more)	\$13,100		\$12,000		\$15,000	\$18,200	\$10,000
PHARMACY (Employee Pays)							
Deductible	Combined with Med		\$0		Combined with Med	\$0	\$0
Tier 1	30%* max \$250		\$15		\$20*	\$20	\$20
Tier 2	40%* max \$250		\$40		\$40*	\$40	\$40
Tier 3	50%* max \$250		30% max \$100		30%* max \$250	30% max \$250	30% max \$250
Home Delivery Pharmacy benefits available with all EP Cares plans for many common recurring medications. Receive a 90-day supply for 2X the retail co-pay. Contact Cigna for details.							
* after deductible							
	Local+ IN 5900 HDHP	Open Access+ IN 5900 HDHP	Local+ IN 3000	Open Access+ IN 3000	Open Access+ 4500 HDHP	Open Access+ 2500	Open Access+ 250
TOTAL MONTHLY PREMIUM							
Employee Only	\$379	\$465	\$606	\$645	\$554	\$710	\$907
Employee + Spouse	\$1,057	\$1,294	\$1,678	\$1,786	\$1,536	\$1,968	\$2,513
Employee + Child(ren)	\$916	\$1,120	\$1,454	\$1,547	\$1,331	\$1,705	\$2,177
Employee + Family	\$1,489	\$1,823	\$2,362	\$2,514	\$2,162	\$2,771	\$3,538

¹EP Cares is not available to Hawaii residents. If you live in HI, please contact us if you have healthcare questions. EP Cares is also unavailable in GU and PR.

²CA Rural is the region for residents outside of Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, Contra Costa or Alameda counties.

³PCP = Primary Care Physician. The HMO Style plans require a PCP who will refer you to specialists within the network.

⁴Preventive Care Visits with an in-network provider are covered at 100% as long as you follow the preventive care guidelines. See plan documents for details.

MEDICAL PLAN COMPARISON GRID

PLANS	EPO Plans In-Network Only No PCP ³ Required		HMO Style Plans In-Network Only PCP ³ Required		PPO Plans In-and-Out of Network Coverage No PCP ³ Required		
	Local+ IN 5900 HDHP	Open Access+ IN 5900 HDHP	Local+ IN 3000	Open Access+ IN 3000	Open Access+ 4500 HDHP	Open Access+ 2500	Open Access+ 250
	Same Plan, Different Regions		Same Plan, Different Regions				
AVAILABILITY ¹							
California	✓			✓	✓	✓	✓
California Rural ²				✓	✓	✓	✓
Georgia		✓	Network determined by home zip code		✓	✓	✓
New York		✓		✓	✓	✓	✓
New Jersey		✓	Network determined by home zip code		✓	✓	✓
Alabama, Arkansas, Oklahoma	State laws prohibit in-network only plans.				✓	✓	✓
Other States		✓	Network determined by home zip code		✓	✓	✓

PLAN TYPE							
PPO - In and Out-of-Network Coverage, No PCP ³					✓	✓	✓
EPO - In Network Coverage, No PCP ³ Required	✓	✓					
HMO Style- In Network Coverage, PCP ³ Required			✓	✓			

CIGNA PROVIDER NETWORK							
Open Access		✓		✓	✓	✓	✓
Local Plus	✓		✓				

SERVICES AND BENEFITS							
<u>Preventive Care Visits Free⁴</u>	✓	✓	✓	✓	✓	✓	✓
<u>Telemedicine Benefits Available</u>	✓	✓	✓	✓	✓	✓	✓
<u>TalkSpace Available</u>	✓	✓	✓	✓	✓	✓	✓
<u>Health Savings Account ("HSA") Compatible</u>	✓	✓			✓		
Infertility Benefits Available							✓
You can see a specialist without a referral	✓	✓	✓	✓	✓	✓	✓



NEED HELP?

Phone: 855.339.7350

Email: myepcares@ep.com | Web: ep.com/epc

PRO TIP:

Log in to www.myepcares.com. The exact plans and networks available to you will be visible in the medical plan selection area.

¹EP Cares is not available to Hawaii residents. If you live in HI, please contact us if you have healthcare questions. EP Cares is also unavailable in GU and PR.

²CA Rural is the region for residents outside of Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, Contra Costa or Alameda counties.

³PCP = Primary Care Physician. The HMO Style plans require a PCP who will refer you to specialists within the network.

⁴Preventive Care Visits with an in-network provider are covered at 100% as long as you follow the preventive care guidelines. See plan documents for details.