

MEDICAL BENEFITS AND RATES 2024

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							
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 Available upon request - please email epcares@ep.com .							
Employee Only	██	██	██	██	██	██	██
Employee + Spouse	██	██	██	██	██	██	██
Employee + Child(ren)	██	██	██	██	██	██	██
Employee + Family	██	██	██	██	██	██	██

^{1,2,3} See following page for footnotes.

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							
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							
Preventive Care Visits Free ⁴	✓	✓	✓	✓	✓	✓	✓
Telemedicine Benefits Available	✓	✓	✓	✓	✓	✓	✓
TalkSpace Available	✓	✓	✓	✓	✓	✓	✓
Health Savings Account ("HSA") Compatible	✓	✓			✓		
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.
² CA residents in Los Angeles, Orange Riverside, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, Contra Costa and Alameda counties have access to the Local+ network, so their lowest cost plan is the Local+ 5900 plan. Outside of those areas, network access varies by zip code. In locations where the Local+ network is unavailable ("CA Rural"), the lowest cost plan available to CA residents is the Open Access+ 4500 HDHP.
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.

DENTAL BENEFITS AND RATES 2024

Through EP Cares™, your Employer is offering a choice of two dental plans: a Cigna Dental DHMO and a Cigna Dental PPO.

Learn more about Dental Insurance by watching a [short video](#).

Dental Benefit Summaries are available for review at ep.com/epc.

	Dental HMO	Dental PPO		
		Total Cigna DPPO Network		Out-of-Network
Network Options	Cigna Dental HMO	Cigna DPPO Advantage	Cigna DPPO	See Non-Network Reimbursement
Reimbursement Levels	Fee Schedule	Fee Schedule	Discount on Fees	Maximum Reimbursable Charge
Orthodontics	Some Coverage	No	No	No
Must select in-network dentist?	Yes	No. PPO plan allows out-of-network coverage at a lower reimbursement rate.		
Calendar Year Benefits Maximum	N/A	\$2,000	\$1,500	\$1,500
ID Cards Issued	Yes	No. Your provider will use your SSN to confirm enrollment.		

Dental Plan Rates* Available upon request - please email epcares@ep.com.

Employee	████	████
Employee + Spouse	████	████
Employee + Child(ren)	████	████
Family	████	████

* Figures represent full monthly premiums without Employer subsidy applied.

VISION BENEFITS AND RATES 2024

Cigna's National Vision Plan allows you to seek care or services from either a vision contracted network provider or a non-contracted provider and still receive a benefit. Seeing a contracted provider typically results in a lower out-of-pocket expense to you.

Vision Plan Rates*

Employee	████
Employee + Spouse	████
Employee + Children	████
Family	████

* Figures represent full monthly premiums without Employer subsidy applied.

Rates available upon request - please email epcares@ep.com.

Generally, you can get a routine eye exam and an eyeglass lens allowance every 12 months. You can opt for contact lens allowance in lieu of eyeglass lenses and frames. The vision plan covers an eyeglass frame retail allowance every 24 months. See plan summary for more information.

Vision Benefit Summaries are available for review at ep.com/epc.