

Your Benefits at a Glance

Benefits	HMO Plan	Health Reimbursement Account Open Access Plus Plan		Health Savings Account Open Access Plus Plan	
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
City contribution	N/A	\$1,000 – Employee \$2,000 – Family		\$1,000 – Employee \$2,000 – Family <i>The City will contribute \$500 shortly after the beginning of the Plan Year. You accrue the remainder during the remaining pay periods of the year.</i>	
Lifetime maximum	Unlimited	Unlimited		Unlimited	
Annual deductible	\$500/Individual \$1,000/Family <i>Deductible applies for inpatient hospital services, outpatient hospital facility services and Advanced Radiology Imaging services</i>	\$2,000/Individual ¹ \$4,000/Family	\$2,000/Individual ¹ \$4,000/Family	\$2,000/Individual ¹ \$4,000/Family	\$2,000/Individual ¹ \$4,000/Family
Out-of-pocket maximum	\$6,350/Individual \$12,700/Family	\$3,000/Individual ² \$6,000/Family	\$5,000/Individual ² \$10,000/Family	\$3,000/Individual ² \$6,000/Family	\$5,000/Individual ² \$10,000/Family
PCP Office Visit	\$25 co-pay	10% coinsurance*	30% coinsurance**	10% coinsurance*	30% coinsurance**
Specialist Office Visit	\$45 co-pay	10% coinsurance*	30% coinsurance**	10% coinsurance*	30% coinsurance**
Routine Preventive Exam Well Woman Exam	No charge – If you receive non-preventive services, copay/deductible will apply	No charge for preventive services. If you receive non-preventive services, 10% coinsurance / deductible will apply	30% coinsurance** \$500 maximum per contract year	No charge for preventive services. If you receive non-preventive services, 10% coinsurance / deductible will apply	30% coinsurance** \$500 maximum per contract year
Urgent care	\$75 co-pay <i>(Waived if admitted)</i>	10% coinsurance*	10% coinsurance* <i>(unless not a true emergency, then 30%**)</i>	10% coinsurance*	10% coinsurance* <i>(unless not a true emergency, then 30%**)</i>
Emergency room	\$200 co-pay <i>(Waived if admitted)</i>	10% coinsurance*	10% coinsurance* <i>(unless not a true emergency, then 30%**)</i>	10% coinsurance*	10% coinsurance* <i>(unless not a true emergency, then 30%**)</i>
Inpatient and outpatient hospital	No charge after plan deductible	10% coinsurance*	30% coinsurance** Precertification required for inpatient	10% coinsurance*	30% coinsurance** Precertification required for inpatient
Inpatient mental health and substance abuse	No charge after plan deductible	10% coinsurance*	30% coinsurance* Precertification required	10% coinsurance*	30% coinsurance* Precertification required
Outpatient mental health	\$25 co-pay / No charge after plan deductible for facility	10% coinsurance*	30% coinsurance**	10% coinsurance*	30% coinsurance**
Outpatient substance abuse	\$25 co-pay / No charge after plan deductible for facility				

	HMO Plan	Health Reimbursement Account Open Access Plus Plan		Health Savings Account Open Access Plus Plan	
Benefits	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drugs – Retail***					
Generic	\$15 co-pay	\$15 co-pay	40%**	30%*	40%**
Brand	\$40 co-pay	\$40 co-pay	40%**	35%*	40%**
Non-preferred brand	\$60 co-pay	\$60 co-pay	40%**	40%*	40%**
Prescription Drugs – Mail Order***					
Generic	\$30 co-pay	\$30 co-pay	In-network only	30%	In-network only
Brand	\$80 co-pay	\$80 co-pay	In-network only	35%	In-network only
Non-preferred brand	\$120 co-pay	\$120 co-pay	In-network only	40%	In-network only

¹ All family members contribute toward the family deductible. An individual cannot file a claim for covered services until the total family deductible has been satisfied.

² All family members contribute toward the family out-of-pocket maximum. Once the out-of-pocket maximum has been satisfied, benefits are covered at 100%.

* Services are subject to contract year deductible.

** Out-of-network services are subject to the contract year deductible and maximum reimbursable charge limitations. Providers may bill you for the difference between their billed charge and the maximum reimbursable charge as determined by the plan.

*** HRA pharmacy charges do not count toward satisfying your deductible or out-of-pocket maximum. There is no separate out-of-pocket maximum for pharmacy charges and **HRA funds cannot be used to pay for pharmacy charges.**

Note: HRA fund can be used to cover expenses covered under the HRA Open Access Plus medical plan only. HSA funds can be used to cover all IRS section 213D expenses.

CIGNA Extras (FREE!)

Visit www.tucsonaz.gov/enroll for important information about FREE CIGNA programs including:

- **Healthy Pregnancies, Healthy Babies:** Get the personal support you need throughout your pregnancy and receive free money when you deliver. Call 1-800-615-2906 to enroll
- **Your Health First:** You don't want your chronic health condition to control your life. Neither do we. Learn how you can better manage your chronic health condition and get one-on-one support. Call 1-866-797-5833
- **Lifestyle Management Programs:** Lose weight, manage stress, stop smoking, take control of your health! Call 1-866-417-7848 to enroll
- **24-Hour Nurse Line:** Have a medical question? Call the Nurse Line at 1-800-244-6224 or 1-800-564-8982

CIGNA Discounts (Save Money!)

Visit www.tucsonaz.gov/enroll for important information about ways you can save money including:

- Save on Urgent Care or Emergency Room costs and visit a CVS or Walgreen's clinic — open extended hours and weekends
- When possible, save by visiting a free-standing lab for your lab work instead of visiting a hospital or outpatient facility
- Get three months of prescriptions for the price of two through Mail Order. Call 1-800-TEL-DRUG (1-800-835-3784), and choose option 2
- Get Healthy Rewards Discounts on gym memberships, acupuncture, massage therapy, vision/hearing care, and more! Call 1-800-870-3470

Live Well, Be Well

Both the City and CIGNA offer wellness programs and tools to help you live a healthy lifestyle. For more information, visit www.tucsonaz.gov/enroll or CIGNA's website at www.mycigna.com.