

# MEDICAL BENEFIT SUMMARY



MEDICAL/DENTAL RATES	Employee Semi-Monthly Cost	Town Semi-Monthly Cost
Employee Only	\$60.00	\$537.17
Employee + Spouse	\$180.00	\$1,074.35
Employee + Child(ren)	\$150.00	\$966.92
Family	\$250.00	\$1,504.09

MEDICAL PLAN HIGHLIGHTS	Tier 1/Vail Health	Tier 2/ Cigna OAP	Tier 3/ Non Network
<b>Calendar Year Deductible</b>			
Individual	\$1,500		\$3,000
Family	\$3,000		\$6,000
<b>Out-of-Pocket Maximum</b>			
Individual (includes deductible and copays)	\$5,000		\$10,000
Family (includes deductible and copays)	\$10,000		\$20,000
<b>Coinsurance</b>	90%	75%	55%
<b>Maximum Lifetime Benefit</b>	Unlimited		
<b>Physician Office Visit</b>	You pay \$35 copay, then plan pays 100%		Plan pays 55% after ded.
<b>Hospital Inpatient / Outpatient</b>	Plan pays 90% after ded.	Plan pays 75% after ded.	Plan pays 55% after ded.
<b>Urgent Care Facilities</b>	2 Free visits/year at Vail Health Facilities. Then you pay \$35 Copay, and plan pays 90%	You pay \$75 copay, then plan pays 75%	Plan pays 55% after ded.
<b>Emergency Room</b>	Plan pays 90% after ded	Plan pays 75% after in-network deductible	
<b>Ambulance</b>	Plan pays 75% after in-network deductible		
<b>Diagnostic Lab</b>	Plan pays 75% after in-network deductible		Plan pays 55% after ded.
<b>Diagnostic X-Ray</b>	Plan pays 90% after ded.	Plan pays 75% after ded.	Plan pays 55% after ded.
<b>Preventive Care</b> <b>Routine Well, Adult Well and Child Care</b> (Refer to SPD for additional details and restrictions)	Plan pays 100%, no copay, no deductible.  Town of Vail receives preferred pricing for preventive care received at Vail Health.	Plan pays 100%, no copay, no deductible.	Plan pays 55% after ded.
<b>Chiropractic Care</b>	N/A	You pay \$50 Copay, then plan pays 100%	Plan pays 55% after ded.
<b>Physical Therapy</b>	You pay \$35 Copay, then plan pays 100%	You pay \$50 Copay, then plan pays 100%	Plan pays 55% after ded.
<b>Speech, Hearing and Occupational Therapy</b>	You pay \$35 Copay, then plan pays 100%	You pay \$50 Copay, then plan pays 100%	Plan pays 55% after ded.
<b>Acupuncture</b>	N/A	75% after deductible	Not covered
<b>Mental Health</b>	You pay \$35 Copay, then plan pays 100%		Plan pays 55% after ded.
<b>Durable Medical Equipment</b>	Plan pays 75% after deductible		Plan pays 55% after ded.
<b>Retail Prescription Drugs; 34 Day Supply</b>			
Generic	\$5 copay	\$5 copay	Not covered
Formulary Brand	20%, \$25 min / \$50 max	20%, \$25 min / \$50 max	
Non-Formulary Brand	40%, \$40 min / \$80 max	40%, \$40 min / \$80 max	
<b>Mail Order; 90 Day Supply</b>			
Generic	N/A	\$10 copay	Not covered
Preferred Brand		20%, \$50 min / \$100 max	
Non-Preferred Brand		40%, \$80 min / \$160 max	

**Note: Some services may include a limit to the number of visits or services retained.**

\*Tier 1 includes Vail Health providers, Beaver Creek Emergency Center, Avon & Gypsum Urgent Care, Shaw Cancer Center, Sonnenalp Breast Center, and Howard Head Sports Medicine.

Note: The Summary Plan Description (SPD) provides all specific detail on the plan and coverage. The SPD can be provided from Town of Vail Human Resources.



## DENTAL BENEFIT SUMMARY

Good oral hygiene is important, not only for looks, but for general health as well. A routine dental examination can detect symptoms of more than 125 diseases, including heart disease, diabetes, anemia, stomach ulcers, osteoporosis and kidney disease. Regular check-ups and cleanings can save you the pain and expense of future problems. Using your dental insurance for regular dental check-ups can improve your health. Employees are automatically enrolled in the Dental Plan if they are enrolled in the Town of Vail medical plan. Your dental insurance can also help save you money if more serious dental treatments are needed.

With your PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Listed below is a summary of benefits covered under your Cigna Dental Plan:

### DENTAL PLAN HIGHLIGHTS

	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>	\$0	\$0
<b>Preventive Care</b> (Cleanings, X-rays, Fluoride Treatments, Oral Exams, Sealants, etc.)	100%	100%
<b>Basic Care</b> (Fillings, Simple Extractions, Anesthesia, Scaling & Root Planing, etc.)	80%	80%
<b>Major Care</b> (Crowns, Dentures, Inlays, Onlays, Bridges, Implants, etc.)	50%	50%
<b>Orthodontics (Adults/Children)</b>	50% to \$1,500 - Lifetime Maximum	50% to \$1,500 - Lifetime Maximum
<b>Annual Maximum Benefit</b>	\$1,500	\$1,500
<b>Dependent Age Limits</b>	26	

Note: Non-Network dental care is reimbursed at usual/customary rates. Patient is responsible for balance.



# VOLUNTARY VISION BENEFIT SUMMARY



Cigna allows you to choose an ophthalmologist or optometrist from Cigna’s national network, or you may use any licensed provider of your choice. Regardless of who you choose, the vision plan will cover a portion of the benefits.

Listed below are benefits covered under your voluntary Cigna Vision Plan:

## VISION RATES

### Semi-Monthly

Employee Only	\$3.40
Employee + Spouse	\$6.80
Employee + Child(ren)	\$6.88
Family	\$10.96

## VISION PLAN HIGHLIGHTS

### In-Network

Examinations	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 24 months	
PROVIDER	SERVICES FROM A CIGNA PARTICIPATING PROVIDER	SERVICES FROM A NON-PARTICIPATING PROVIDER
Examination	\$10 copay	Up to \$45
Frames	\$130 allowance for the frame of your choice 20% off the amount over your allowance	Up to \$71
Contact Lenses	\$130 allowance	Up to \$105

The Cigna Vision Plan is 100% employee paid through payroll deductions if elected. Please contact Human Resources for additional information.

