

## MEDICAL PLAN CHOICES

For 2022-2023 our plan year will be **July 1, 2022 through June 30, 2023**. Mesa Public Schools will continue to provide three medical plans through CIGNA. Each plan option are high-quality options, with the same services and network. Make certain you carefully review and compare each plan to determine which best meets the needs for you and your family. Have questions about the medical plans call **Cigna's Pre-Enrollment Hotline 1-888-806-5042**.

Below is a summary of the medical plans. For a more complete schedule of medical benefits please see your Plan Document. You may request a copy from the Employee Benefits Department or view online at [www.mpsaz.org/benefits](http://www.mpsaz.org/benefits).



### Highlights of the Medical Plan Options Offered by Mesa Public Schools

	OAP (Cigna OAP Copay Plan)	HDHP 1500 w/HSA (Cigna Choice Plan)		HDHP 2500 w/HSA (Cigna Choice Plan)	
	In-Network only** You Pay:	In-Network You Pay:	Out of Network You Pay:	In-Network You Pay:	Out of Network You Pay:
<b>Annual Deductible</b>					
For employee only	\$700	\$1,500	\$3,000	\$2,500	\$5,000
For employee + 1	\$1,400				
For employee + family	\$2,100	\$3,000	\$6,000	\$5,000	\$10,000
<b>Out-of-Pocket-Limit</b>					
For one person	\$4,250	\$4,000	\$8,000	\$3,500	\$7,000
For your family of 2 or more	\$8,500	\$8,000	\$16,000	\$7,000	\$14,000
<b>Doctor's Office Visits</b>	<b>Tier 1:</b> Cigna Care Designated (CCD)**** PCP: \$20 copay/visit Specialist: \$30 copay/visit <b>Tier 2:</b> PCP: \$30 copay/visit Specialist: \$50 copay/visit	20%*	40%*	10%*	50%*
<b>Urgent Care Facility Visit</b>	\$60 copay/visit	20%*	40%*	10%*	50%*
<b>X-rays, lab work Outpatient facility</b>	\$0*	20%*	40%*	10%*	50%*
<b>Doctor's Office</b>	Office visit copay applies except for preventive care	20%*	40%*	10%*	50%*
<b>Well Child Care</b>	\$0	0%	Not covered	0%	Not covered
<b>Well Women Care</b>	\$0	0%	Not covered	0%	Not covered
<b>Adult Preventive Care</b>	\$0	0%	Not covered	0%	Not covered
<b>Immunizations</b>	\$0	0%	Not covered	0%	Not covered
<b>Hospital Care (Inpatient)</b>	\$300 copay per admission, then you pay 20%*	20%*	40%*	10%*	50%*
<b>Emergency room (ER) visit</b>	\$250 copay per visit*	20%*	20%*	10%*	10%*
<b>Ambulance service</b>	\$0*	20%*	20%*	10%*	10%*
<b>Outpatient Surgery</b>					
<b>Professional Fees</b>	\$0*	20%*	40%*	10%*	50%*
<b>Facility Fees</b>	\$250 copay*	20%*	40%*	10%*	50%*
<b>Outpatient Physical, Speech and Occupational Therapies up to a combined 50 days per calendar year</b>	\$50 copay per visit*	20%*	40%*	10%*	50%*
<b>Mental Health &amp; Substance Abuse Treatment</b>					
<b>Inpatient</b>	\$300 copay per admission, then you pay 20%*	20%*	40%*	10%*	50%*
<b>Outpatient</b>	\$30 copay/visit	20%*	40%*	10%*	50%*
<b>EAP Visits</b>	8 visits - \$0	8 visits - \$0	Not covered	8 visits - \$0	Not covered

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	In-Network only** You Pay:	In-Network You Pay:	Out of Network You Pay:	In-Network You Pay:	Out of Network You Pay:
<b>Prescription Drugs (Outpatient)</b>					
<b>Annual outpatient prescription drug (Rx) deductible per person</b>	\$100 annual deductible per person.	Combined medical and pharmacy deductible. Deductible must be satisfied before coinsurance applies***	Combined medical and pharmacy deductible. Deductible must be satisfied before coinsurance applies***	Combined medical and pharmacy deductible. Deductible must be satisfied before coinsurance applies***	Combined medical and pharmacy deductible. Deductible must be satisfied before coinsurance applies***
<b>30-day supply (retail)*</b>	Generic - \$10 copay Preferred Brand - \$40 copay Non-preferred Brand - 40% to a maximum of \$120	20%*	40%*	10%*	50%*
<b>90-day supply (mail order)*</b>	Generic - \$14 copay Preferred Brand - \$70 copay Non-preferred Brand - 40% to a maximum of \$200	20%*	Not covered	10%*	Not covered

\* After Deductible has been met.

\*\* There is no out-of-network coverage for the OAP Copay Plan, except for emergency services.

\*\*\* Preventive medications on Cigna's Core list are covered at 100% and not subject to deductible.

\*\*\*\* Cigna Care Designated (CCD) providers see page (8) for instructions on how to find a CCD provider

## RATES PER PAY PERIOD (For Benefits Effective 07/01/2022)\*

	Employee Monthly Contribution	Employee Contribution (Less than 12-month contract - 20 pay periods)	Employee Contribution (12-month contract - 24 pay periods)
<b>OAP Medical (Cigna OAP Copay Plan)</b>			
Employee Only	\$68.51	\$41.11	\$34.26
Employee & Spouse	\$790.94	\$474.56	\$395.47
Employee & Child(ren)	\$669.09	\$401.45	\$334.55
Employee & Family	\$1118.02	\$670.81	\$559.01
<b>HDHP 1500 (Cigna Choice HDHP 1500 Plan)</b>			
Employee Only	\$11.42	\$6.85	\$5.71
Employee & Spouse	\$617.81	\$370.69	\$308.91
Employee & Child(ren)	\$515.51	\$309.31	\$257.76
Employee & Family	\$892.37	\$535.42	\$446.19
<b>HDHP 2500 (Cigna Choice HDHP 2500 Plan)</b>			
Employee Only	\$11.42	\$6.85	\$5.71
Employee & Spouse	\$550.60	\$330.36	\$275.30
Employee & Child(ren)	\$459.63	\$275.78	\$229.82
Employee & Family	\$794.68	\$476.81	\$397.34

\* If your benefits are effective after 07/1/2022, your rate will be prorated contact the Benefits Office for more details .