



## FY2024 Pre-Medicare Retiree Medical Plan Comparison

Effective July 1, 2023 - June 30, 2024

	Kaiser	Cigna Copay	Cigna Coinsurance	Cigna Choice + HSA	
				In-Network	Out-of-Network
<b>Plan Type</b>	Copay	Copay	Coinsurance	Coinsurance	
<b>Network</b>	In-network coverage only at Kaiser facilities	In-network coverage only in the Cigna OAP network	In-network coverage only in the Cigna OAP network	In- and out-of-network coverage	
<b>Annual Deductible<sup>1</sup></b>	\$0	\$0	\$0	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
<b>Out-of-Pocket Maximum (OOPM)<sup>2</sup></b>	\$3,500 Individual \$9,400 Family	\$6,600 Individual \$13,200 Family	\$3,500 Individual \$7,000 Family	\$5,000 Individual \$10,000 Family	\$10,000 Individual \$20,000 Family
<b>Preventive Care</b> Routine well-person and child exams; immunizations; some preventive tests	No Charge	No Charge	No Charge	No Charge	30% coinsurance after deductible
<b>PCP Office Visit</b>	\$20 copay	\$30 copay	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible
<b>Specialist Office Visit</b>	\$40 copay	\$60 copay	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible
<b>Physical Therapy</b>	\$40 copay	\$45 copay	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible
<b>Inpatient Hospital</b>	\$200/admission	\$500/admission	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible
<b>Outpatient Surgery/ Procedures</b>	\$100/visit	\$250/visit	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible
<b>Specialty Imaging</b> (MRI, CT Scan)	\$75/test	\$100/visit	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible
<b>Urgent Care</b>	\$50/visit	\$75/visit	10% coinsurance	10% coinsurance after deductible	10% coinsurance after deductible
<b>Emergency Room</b>	\$200/visit	\$200/visit	10% coinsurance	10% Coinsurance after deductible	10% Coinsurance after deductible

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				In-Network	Out-of-Network	
<b>Mental Health, Behavioral Health, and Substance Abuse Services</b>	Outpatient services	\$20/individual visit; \$10/group visit	\$30/copay	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible
	Inpatient services	\$200/admission	\$500/admission	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible
<b>Maternity Services</b>	\$200 global maternity fee	\$500 global maternity fee	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible	
<b>Prescription Drugs</b> 30 Day Retail Supply (generic/preferred/non-preferred)	\$15 / \$30/ \$55 at KP \$20 / \$45 / \$60	\$10 / \$40 / \$80	Tier 1: Up to \$10 Tier 2: 25% up to \$50 Tier 3: 40% up to \$90	Tier 1: Up to \$10 after deductible Tier 2: 25% up to \$50 after deductible Tier 3: 40% up to \$90 after deductible	In-network coverage only	
<b>Prescription Drugs</b> 90 Day Supply from Mail Order or 90 Now Pharmacy	\$30 / \$60 / \$110	\$20 / \$80 / \$160 <i>Certain generics are \$0</i>	Tier 1: Up to \$20 Tier2: 25% up to \$100 max Tier 3: 40% up to \$180 max <i>Certain generics are \$0</i>	Tier 1: Up to \$20 after deductible Tier2: 25% up to \$100 after deductible Tier 3: 40% up to \$180 after deductible <i>Certain generics are \$0</i>	In-network coverage only	
<b>Vision</b>	Vision coverage included with medical plan	Vision coverage included with medical plan	Vision coverage included with medical plan	Vision coverage included with medical plan		

**NOTE:** Complete benefit summaries are available on AC Commons by going to: [www.arlingtonva.us/retirement](http://www.arlingtonva.us/retirement)

<sup>1</sup> Annual Deductible – the amount you must pay this amount out-of-pocket before the plan will cover services and prescriptions. The annual deductible resets every year on January 1 regardless of when you enroll in the plan.

<sup>2</sup> Out-of-Pocket Maximum (OOPM) – the Plan will pay 100% for covered services after a member reaches this limit. Biweekly premiums do not count toward reaching the annual OOPM. The OOPM is tracked on a Calendar Year basis and resets every January 1.