

DS Murphy & Associates, Inc.
Medical Insurance - Cigna
Plan Year: 1/1/21 – 12/31/21

*****PRELIMINARY RATES*****

	HSA OAP HDHPQ	OAPIN PLAN 5 BRONZE	OAP PLAN 6 SILVER
Deductible - (Individual / Family)	\$3,000 / \$6,000	\$7,000 / \$14,000	\$3,000 / \$6,000
Out of Pocket Maximum – (Individual / Family)	\$6,000 / \$12,000	\$8,150 / \$16,300	\$6,000 / \$12,000
Coinsurance	10%	20%	20%
Prescription Drugs	Deductible & 10%	\$20 / \$50 / \$100	\$15 / \$40 / \$75
Mail Order Drugs (90 Day Supply)	Deductible & 10%	\$60 / \$150 / \$300	\$45 / \$120 / \$225
Physician Network Name	OAP	OAPIN	OAP
Physician Office Visits			
Primary Care Physician	Deductible & 10%	\$40	\$25
Specialist	Deductible & 10%	\$80	\$50
Telemedicine	Deductible & 10%	\$40	\$25
Referral Needed for Specialist?	No	No	No
Preventive Care (In Network Only)			
Routine Adult Physical Exams, Well Woman Exams, Routine Mammograms, Routine Colonoscopy, and Well Child	Covered at 100%	Covered at 100%	Covered at 100%
Diagnostic / Laboratory			
Independent Clinical Lab (Blood Work)	Deductible & 10%	\$0	\$0
Independent Diagnostic Testing Facility (X-rays)	Deductible & 10%	\$0	\$0
Advanced Imaging at Independent Testing Facility (MRI, PET, CT Scan, Nuclear Medicine)	Deductible & 10%	Deductible & 20%	Deductible & 20%
Hospitalization / Outpatient Services			
Inpatient Hospitalization (Facility)	Deductible & 10%	Deductible & 20%	Deductible & 20%
Outpatient Surgical Care (Hospital Facility)	Deductible & 10%	Deductible & 20%	Deductible & 20%
Ambulatory Surgical Center Facility	Deductible & 10%	Deductible & 20%	Deductible & 20%
Physician Services at Hospital or ER	Deductible & 10%	Deductible & 20%	Deductible & 20%
Emergency Room	Deductible & 10%	\$500	\$300
Urgent Care (Walk-In Clinic)	Deductible & 10%	\$100	\$75
Out of Network Benefits			
Deductible - (Individual / Family)	\$6,000 / \$12,000	Emergency Services Only	\$6,000 / \$12,000
Out of Pocket Maximum - (Individual / Family)	\$20,000 / \$40,000		\$12,000 / \$24,000
Coinsurance	30%		50%
Employee Semi-Monthly (24pp) Payroll Deduction	HSA OAP	OAPIN PLAN 5	OAP PLAN 6
Employee Only	\$116.78	\$120.01	\$133.22
Employee/Spouse	\$373.69	\$384.02	\$426.31
Employee/Child(ren)	\$326.98	\$336.02	\$373.02
Family	\$583.89	\$600.03	\$666.10

The payroll deductions provided in this handout are meant for illustrative purposes only and may not reflect final underwriting adjustments. Please refer back to your employer for confirmation of your premium responsibilities.

This information summarizes the DS Murphy & Associates, Inc. Medical benefits plans and is for illustrative purpose only. In the event of a discrepancy between this illustration and the official plan documents, the official documents will govern.



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Medical Insurance - Cigna

Plan Year: 1/1/21 – 12/31/21

*****PRELIMINARY RATES*****

	OAP PLAN 3 GOLD	OAP PLAN 1 PLATINUM
Deductible - (Individual / Family)	\$500 / \$1,000	\$1,000 / \$2,000
Out of Pocket Maximum – (Individual / Family)	\$4,500 / \$9,000	\$2,000 / \$4,000
Coinsurance	20%	10%
Prescription Drugs	\$10 / \$35 / \$60	\$10 / \$35 / \$60
Mail Order Drugs (90 Day Supply)	\$30 / \$105 / \$180	\$30 / \$105 / \$180
Physician Network Name	OAP	OAP
Physician Office Visits		
Primary Care Physician	\$25	\$10
Specialist	\$50	\$20
Telemedicine	\$25	\$10
Referral Needed for Specialist?	No	No
Preventive Care (In Network Only)		
Routine Adult Physical Exams, Well Woman Exams, Routine Mammograms, Routine Colonoscopy, and Well Child	Covered at 100%	Covered at 100%
Independent Clinical Lab (Blood Work)		
Independent Clinical Lab (Blood Work)	\$0	\$0
Independent Diagnostic Testing Facility (X-rays)		
Independent Diagnostic Testing Facility (X-rays)	\$0	\$0
Advanced Imaging at Independent Testing Facility (MRI, PET, CT Scan, Nuclear Medicine)		
Advanced Imaging at Independent Testing Facility (MRI, PET, CT Scan, Nuclear Medicine)	Deductible & 20%	Deductible & 10%
Hospitalization / Outpatient Services		
Inpatient Hospitalization (Facility)	Deductible & 20%	Deductible & 10%
Outpatient Surgical Care (Hospital Facility)	Deductible & 20%	Deductible & 10%
Ambulatory Surgical Center Facility	Deductible & 20%	Deductible & 10%
Physician Services at Hospital or ER	Deductible & 20%	Deductible & 10%
Emergency Room	\$250	\$250
Urgent Care (Walk-In Clinic)	\$50	\$50
Out of Network Benefits		
Deductible - (Individual / Family)	\$1,500 / \$3,000	\$3,000 / \$6,000
Out of Pocket Maximum - (Individual / Family)	\$9,000 / \$18,000	\$5,000 / \$10,000
Coinsurance	40%	30%
Employee Semi-Monthly (24pp) Payroll Deduction		
	OAP PLAN 3	OAP PLAN 1
Employee Only	\$150.13	\$162.00
Employee/Spouse	\$480.41	\$518.39
Employee/Child(ren)	\$420.36	\$453.60
Family	\$750.64	\$809.99

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