

Dual Option Medical Insurance
Side-by-Side Comparision

Dual Plan Options				
	Medical Plan 1 <i>HSA w/ Second Dollar HRA (Old Plan)</i>		Medical Plan 2 <i>60/40 HRA (New Plan)</i>	
	Individual	Family	Individual	Family
Medical Deductible	\$5,000	\$10,000	\$6,500	\$13,000
Out of Pocket Maximum (Before HSA/HRA)	\$5,000	\$10,000	\$6,500	\$13,000
Annual Health Savings Account (HSA) Contribution from Company	\$500	\$1000		
Health Reimbursement Account (HRA) Pays 100% After You Pay First 2k single/ 4k family	\$3000	\$6000		
Health Reimbursement Account (HRA) Plan Pays 60%, You pay 40%			\$3900	\$7800
Employee Max Out Of Pocket After Company HSA and HRA *	\$1,500	\$3,000	\$2,600	\$5,200

Health Savings Account:

- Employees who participate in Plan 1 will receive an annual deposit of \$500 / \$1000 to their HSA account. Once in your account, it is your responsibility to use the funds to pay for qualified health expenses.
- Employees who participate in Plan 1 may also contribute their own funds, pre-tax, to their HSA account through payroll deduction. 2024 Limits (incl. company contribution) is \$4150 Individual / \$8300 Family. Additional \$1000 catch up over age 55.
- Those enrolled in Plan 2 are not eligible to contribute to an HSA per IRS regulations.

Health Reimbursement Account (HRA):

- HRA accounts are administered by Cigna. Cigna pays providers directly for eligible claims, no action from you.

* Deductible and Out-of-Pocket Maximum				
	Medical Plan 1 <i>HSA w/ Second Dollar HRA (Old Plan)</i>		Medical Plan 2 <i>60/40 HRA (New Plan)</i>	
	Individual	Family	Individual	Family
Medical Deductible	\$5,000	\$10,000	\$6,500	\$13,000
Out of Pocket Maximum (Before HSA/HRA)	\$5,000	\$10,000	\$6,500	\$13,000
Less Company HSA Contribution	-\$500	-\$1000		
Less HRA (HRA pays after first 2k/4k)	-\$3000	-\$6000		
Less HRA (60/40 First Dollar)			-\$3900	-\$7800
Employee Max Out Of Pocket After Company HSA and HRA *	\$1,500	\$3,000	\$2,600	\$5,200

Why is this important to consider? The Maximum Out-Of-Pocket is the most you would personally be responsible for in a plan year. If you had a large claim year (birth of a baby, major surgery, hospitalization, etc.) this is the most you can expect to pay (assuming in-network care for covered services).

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Example Out-Of-Pocket Liability

The following examples give you an idea on what you could expect to pay out-of-pocket depending on your total medical expenses in a calendar year. These examples are to assist you in choosing the plan best for you and your anticipated need for the year. The figures assume in-network-care for covered services. Always refer to the plan documents for coverage.

Example Year - \$375 in Medical Expenses				
Medical Plan 1		Medical Plan 2		
HSA w/ Second Dollar HRA (Old Plan)		60/40 HRA (New Plan)		
Individual		Individual	Family	
Medical Bill Total For Year	\$375	\$375	\$375	\$375
<i>HRA Pays (pays after first 2k/4k)</i>				
HRA Pays (60 % First Dollar)			-\$225	-\$225
You Pay Out Of Pocket	\$375	\$375	\$150	\$150
<i>Pay w. Funds from Company HSA Deposit</i>	-\$375	-\$375		
Net Out of Pocket	\$0	\$0		

Example Year - \$750 in Medical Expenses				
Medical Plan 1		Medical Plan 2		
HSA w/ Second Dollar HRA (Old Plan)		60/40 HRA (New Plan)		
Individual		Individual	Family	
Medical Bill Total For Year	\$750	\$750	\$750	\$750
<i>HRA Pays (pays after first 2k/4k)</i>				
HRA Pays (60 % First Dollar)			-\$450	-\$450
You Pay Out Of Pocket	\$750	\$750	\$300	\$300
<i>Pay w. Funds from Company HSA Deposit</i>	-\$500	-\$750		
Net Out of Pocket	\$250	\$0		

Example Year - \$1,500 in Medical Expenses				
Medical Plan 1		Medical Plan 2		
HSA w/ Second Dollar HRA (Old Plan)		60/40 HRA (New Plan)		
Individual		Individual	Family	
Medical Bill Total For Year	\$1,500	\$1,500	\$1,500	\$1,500
<i>HRA Pays (pays after first 2k/4k)</i>				
HRA Pays (60 % First Dollar)			-\$900	-\$900
You Pay Out Of Pocket	\$1,500	\$1,500	\$600	\$600
<i>Pay w. Funds from Company HSA Deposit</i>	-\$500	-\$1000		
Net Out of Pocket	\$1000	\$500		

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Example Year - \$3,000 in Medical Expenses			
Medical Plan 1		Medical Plan 2	
HSA w/ Second Dollar HRA (Old Plan)		60/40 HRA (New Plan)	
Individual	Family	Individual	Family
Medical Bill Total For Year	\$3,000	\$3,000	\$3,000
<i>HRA Pays (pays after first 2k/4k)</i>	-\$1000		
HRA Pays (60 % First Dollar)			-\$1800
You Pay Out Of Pocket	\$2,000	\$3,000	\$1,200
<i>Pay w. Funds from Company HSA Deposit</i>	-\$500	-\$1000	
Net Out of Pocket	\$1500	\$2,000	

Example Year - \$6,000 in Medical Expenses			
Medical Plan 1		Medical Plan 2	
HSA w/ Second Dollar HRA (Old Plan)		60/40 HRA (New Plan)	
Individual	Family	Individual	Family
Medical Bill Total For Year	\$6,000	\$6,000	\$6,000
<i>Deductible - Plan Pays 100% After Met</i>	-\$1000		
<i>HRA Pays (pays after first 2k/4k)</i>	-\$3000	\$2000	
HRA Pays (60 % First Dollar)			-\$3600
You Pay Out Of Pocket	\$2,000	\$4,000	\$2,400
<i>Pay w. Funds from Company HSA Deposit</i>	-\$500	-\$1000	
Net Out of Pocket	\$1500	\$3,000	

Example Year - \$12,000 in Medical Expenses			
Medical Plan 1		Medical Plan 2	
HSA w/ Second Dollar HRA (Old Plan)		60/40 HRA (New Plan)	
Individual	Family	Individual	Family
Medical Bill Total For Year	\$12,000	\$12,000	\$12,000
<i>Deductible - Plan Pays 100% After Met</i>	-\$7000	-\$2000	-\$5500
<i>HRA Pays (pays after first 2k/4k)</i>	-\$3000	-\$6000	
HRA Pays (60 % First Dollar)			-\$3900
You Pay Out Of Pocket	\$2,000	\$4,000	\$2,600
<i>Pay w. Funds from Company HSA Deposit</i>	-\$500	-\$1000	
Net Out of Pocket	\$1500	\$3,000	

Example Year - \$24,000.00 in Medical Expenses			
Medical Plan 1		Medical Plan 2	
HSA w/ Second Dollar HRA (Old Plan)		60/40 HRA (New Plan)	
Individual	Family	Individual	Family
Medical Bill Total For Year	\$24,000	\$24,000	\$24,000
<i>Deductible - Plan Pays 100% After Met</i>	-\$19000	-14000	-\$5500
<i>HRA Pays (pays after first 2k/4k)</i>	-\$3000	-\$6000	
HRA Pays (60 % First Dollar)			-\$3900
You Pay Out Of Pocket	\$2,000	\$4,000	\$2,600
<i>Pay w. Funds from Company HSA Deposit</i>	-\$500	-\$1000	
Net Out of Pocket	\$1500	\$3,000	

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Weekly Employee Premiums - Effective January 1, 2024		
Coverage Type	Medical Plan 1 <i>HSA Plan w. HRA</i>	Medical Plan 2 <i>60/40 HRA</i>
Single	\$56.03	\$53.03
2 Person	\$126.76	\$122.26
Family	\$190.52	\$185.52

Eye Med

Both plans include coverage for an annual eye exam with co-pay when you visit an Eye Med network provider. There is no coverage for glasses, contacts, contact lens exams, or other

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Digital ID Cards

Cigna no longer provides physical ID cards annually or upon initial enrollment. Digital Cards are available on the myCigna App. If you wish to receive a physical ID card, you can request one through your online account at www.my.Cigna.com or on the MyCigna App.

This guide is provided as a tool to assist in comparing the two medical plans available. The information provided is a courtesy only and is not a plan document. Always refer to the Cigna plan documents for coverage.