City of Rochester

2027 Benefit Comparison

	Value	Core	Enhanced	
	EPO	EPO	PPO	
			In-Network	Out-of-Network
Annual Deductible				
	Single - $250	Single - N/A	No deductible	Single - $500
	Two Person - N/A	Two Person - N/A	No deductible	Two Person - $1500
	Family - $500	Family - N/A	No deductible	Family - $1500
Annual Out of Pocket Maximum				
	Single - $750	Single - N/A	No out-of-pocket max	Single - $1500
	Two Person - N/A	Two Person - N/A	No out-of-pocket max	Two Person - $3000
	Family - $1500	Family - N/A	No out-of-pocket max	Family - $3000
Dependent Coverage				
	Dependent to 26	Dependent to 26	Dependent to 26	Dependent to 26
Physician Services				
Primary Care Physician Office Visit for Adults	$20	$20	$5	You pay 30%
Specialist Office Visit	$35	$20	$10	You pay 30%
Preventive Care Services*				
Well-Child Visits (through age 18)	No Charge	No Charge	No Charge	You pay 30%
Routine GYN exam (one every six months)	No Charge	No Charge	No Charge	You pay 30%
Periodic Physical Exams (age 19 and up)	No Charge	No Charge	No Charge	You pay 30%
Periodic Mammogram Screenings	No Charge	No Charge	No Charge	You pay 30%
Emergency and Urgent Care Services				
Ambulance Services	$25 per trip	$25 per trip	$15	$15
Emergency Room (copay waived if admitted to hospital; not waived for observation stay)	$100	$75	$50	$50
Urgent Care at an Urgent Care Center	$35	$25	$25	$25
Telemedicine	$20	$20	$5	N/A
Outpatient Hospital and Skilled Nursing Services				
Outpatient Procedures in Facility				
~Facility Charges (per procedure)	You pay 20%	$50	$10	You pay 30%
Skilled Nursing Facility (per admission) (120 days per yr/ 360 days lifetime)	You pay 20%	$200	No Charge	You pay 30%

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Inpatient Hospital				
Hospital Admisson (per admission)	You pay 20%	$200	No Charge	You pay 30%
Anesthesiology	No Charge	No Charge	No Charge	You pay 30%
Maternity & Family Planning Services				
Prenatal and postnatal care in the doctor's office (per pregnancy)	$50	$50	$50	You pay 30%
Maternity Radiology & Tests (e.g., ultrasound & Amniocentesis)	You pay 20%	$20	$10	You pay 30%
Hospital Delivery (per delivery)	You pay 20%	$200	No Charge	You pay 30%
Mental Health				
Inpatient	You pay 20%	$200	No Charge	You pay 30%
Outpatient	$20	No Charge	$5	You pay 30%
Extended Mental Health Coverage	Biologically Based Mental Illness Coverage is provided for the diagnosis and treatment of mental, nervous or emotional conditions that are caused by a biological disorder of the brain and result in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the illness. Emotionally Disturbed Children Coverage is provided for the diagnosis and treatment of children (under the age of 18) with serious emotional disturbances.	Biologically Based Mental Illness Coverage is provided for the diagnosis and treatment of mental, nervous or emotional conditions that are caused by a biological disorder of the brain and result in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the illness. Emotionally Disturbed Children Coverage is provided for the diagnosis and treatment of children (under the age of 18) with serious emotional disturbances.	Biologically Based Mental Illness Coverage is provided for the diagnosis and treatment of mental, nervous or emotional conditions that are caused by a biological disorder of the brain and result in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the illness. Emotionally Disturbed Children Coverage is provided for the diagnosis and treatment of children (under the age of 18) with serious emotional disturbances.	Biologically Based Mental Illness Coverage is provided for the diagnosis and treatment of mental, nervous or emotional conditions that are caused by a biological disorder of the brain and result in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the illness. Emotionally Disturbed Children Coverage is provided for the diagnosis and treatment of children (under the age of 18) with serious emotional disturbances.
Chemical Abuse				
Inpatient Detoxification / Rehabilitation	You pay 20%	$200	No Charge	You pay 30%
Outpatient	$20	No Charge	$5	You pay 30%
Additional Services				
Chiropractic Care	$35	$20	$10	You pay 30%
Physical, Occupational, and Speech Therapy (30 combined visits per year)	$35	$20	$10	You pay 30%
Chemotherapy and Radiation Therapy	No Charge	No Charge	No Charge	You pay 30%
Dialysis	No Charge	No Charge	No Charge	You pay 30%

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Additional Services (cont)				
Diagnostic lab tests (outside hospital)	No Charge	No Charge	No Charge	You pay 30%
Diagnostic x-ray services (per visit)	You pay 20%	$20	$10	You pay 30%
Physician administered medications (per day)	$20 per day	$20	$5	You pay 30%
Home health care (per day) (100 visits per year Value/Core plans, 200 Enhanced Plan)	$35	$20	No Charge	You pay 30%
Acupuncture (10 visits per year/Core and Enhanced plans only)	Not Covered	$20	$10	$10
Out-of-Network Coverage				
Worldwide coverage for emergency care.[#]	National Cigna Network and Emergency Coverage Worldwide	National Cigna Network and Emergency Coverage Worldwide	National Cigna Network and Emergency Coverage Worldwide	National Cigna Network and Emergency Coverage Worldwide
Routine Eye and Hearing Services				
Eye exam for glasses or contacts (one visit every 2 years)	$20	$20	$15	You pay 30%
Vision wear	$60 credit every 2 years and 20% discount at participating providers	$60 credit every 2 years and 20% discount at participating providers	$60 credit every 2 years and 20% discount at participating providers	$60 credit every 2 years and 20% discount at participating providers
Hearing aids	$2,000 maximum per person per calendar year	$2,000 maximum per person per calendar year	$2,000 maximum per person per calendar year	$2,000 maximum per person per calendar year
Prescription Coverage				
Under the Generic MAC program, if there is an A-rated generic drug, you have the option of choosing the brand name drug but will be responsible for the difference in cost between the generic and the brand name drug plus your copayment. Not Covered: Non-standard/unevaluated medications and cosmetic drugs	Retail: Up to a 90 day supply of outpatient prescription drugs is covered. There is a copayment for each 30 day supply of $5 for Tier 1 drugs, $30 for Tier 2 drugs or $50 for Tier 3 drugs. Mail Order Program: Up to a 90 day supply of approved drugs is covered with a $5 copayment for Tier 1 drugs, $30 copayment for Tier 2 drugs or $50 copayment for Tier 3 drugs. Approved generic prescriptions are covered 100% for children to age 19.	Retail: Up to a 90 day supply of outpatient prescription drugs is covered. There is a copayment for each 30 day supply of $5 for Tier 1 drugs, $25 for Tier 2 drugs or $40 for Tier 3 drugs. Mail Order Program: Up to a 90 day supply of approved drugs is covered with a $5 copayment for Tier 1 drugs, $25 copayment for Tier 2 drugs or $40 copayment for Tier 3 drugs. Approved generic prescriptions are covered 100% for children to age 19.	Retail: Up to a 90 day supply of outpatient prescription drugs is covered. There is a copayment for each 30 day supply of $5 for Tier 1 drugs, $20 for Tier 2 drugs or $35 for Tier 3 drugs. Mail Order Program: Up to a 90 day supply of approved drugs is covered with a $5 copayment for Tier 1 drugs, $20 copayment for Tier 2 drugs or $35 copayment for Tier 3 drugs. Approved generic prescriptions are covered 100% for children to age 19.	Participating pharmacy only

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Diabetic oral agents/insulin/supplies, 30-day supply retail	$20	$20	$10	$10
Diabetic 90-day supply mail-order	$50	$50	$25.00	N/A

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Durable Medical Equipment				
Durable Medical Equipment	50% per unit	20% per unit	50% per unit	You pay 30%
External Prosthetics	50% per unit , 20% for external breast prosthetics	20% per unit	No copay	You pay 30%
Diabetic DME education (per visit)	$20	$20	$10	You pay 30%
Health and Wellness Program				
Health and Wellness Program	With WellBeing Rewards, members can earn up to $600 in rewards and reimbursements per contract per calendar year.	With WellBeing Rewards, members can earn up to $600 in rewards and reimbursements per contract per calendar year.	With WellBeing Rewards, members can earn up to $600 in rewards and reimbursements per contract per calendar year.	With WellBeing Rewards, members can earn up to $600 in rewards and reimbursements per contract per calendar year.
Additional Information				
# Worldwide coverage for emergency care. For out-of-area pre-approved or emergency services, call CIGNA HealthCare at 1.800.CIGNA24 (1.800.244.6224) for provider recommendation.		**This comparison is not a contract. It is intended to highlight coverage of each program. Benefits are determined by the terms of the contract.**		