# Town of Simsbury Benefit Comparison Chart

| | | HMO | PPO | | HDHP | |
|---|---|---|---|---|---|---|
| | Benefit Provision | In Network | In Network | Out of Network | In Network | Out of Network |
| 1 | **Deductible** | NA | NA | Individual: $250;<br>Family: $750<br>Only out of network costs apply to the deductible. Once an individual hits the individual deductible the plan will pay at the coinsurance level for that individual until all family members contribute/ meet the family deductible. | Individual: $2,000 / Family: $4,000<br>Deductible costs you pay accumulate for all combined in and out of network benefits. All family members contribute to the family maximum. Pharmacy and medical expenses apply to the maximum. | |
| 2 | **Out of Pocket Maximum** | Individual: $6,350<br>Family: $12,700<br>Only expenses for in-network costs apply. Copays apply to the maximum. Out of network costs do not apply to the maximum. | Individual: $6,350<br>Family: $12,700<br>Only expenses for in-network costs apply. Copays apply to the maximum. Out of network costs do not apply to the maximum. | Individual: $1,500;<br>Family: $3,250<br>Only out of network costs apply to the maximum. Once an individual hits the individual maximum the plan will pay 100% of costs for that individual until all family members contribute/ meet the family maximum. | Individual: $5,000 / Family: $10,000<br>Out of pocket maximums accumulate for all combined in and out of network benefits. All family members contribute to the family maximum. Pharmacy and medical expenses apply to the maximum. | |
| 3 | **PCP Office Visit** | $15 Copay per visit, then plan pays 100% | $15 Copay per visit, then plan pays 100% | Plan pays 80% after deductible | Plan pays 100% after deductible | Plan pays 80% after deductible |
| 4 | **Specialist Office Visit** | $15 Copay per visit, then plan pays 100% | $15 Copay per visit, then plan pays 100% | Plan pays 80% after deductible | Plan pays 100% after deductible | Plan pays 80% after deductible |
| 5 | **Preventative Care** | No cost - Plan pays 100% | No cost - Plan pays 100% | Plan pays 80% after deductible | No cost - plan pays 100% | Plan pays 80% after deductible |

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| 6 | **Pharmacy - Retail** | Retail - 30 day supply $5/$10/$20 for Generic/preferred brand / non-preferred brand | Retail - 30 day supply $5/$10/$20 for Generic/preferred brand / non-preferred brand | Retail - Plan pays 80% after deductible | Retail - 30 day supply - Plan pays $5/$10/$20 for Generic/preferred brand / non-preferred brand after deductible | Retail - Plan pays 80% after deductible |
| 7 | **Pharmacy - Home Delivery** | Retail - 90 day supply $10/$20/$40 for Generic/preferred brand / non-preferred brand | Retail - 90 day supply $10/$20/$40 for Generic/preferred brand / non-preferred brand | Not covered | Retail - 90 day supply - Plan pays $10/$20/$40 for Generic/preferred brand / non-preferred brand after deductible | Not covered |
| 8 | **Second Surgical Opinion** | Plan pays 100% | Plan pays 100% | Plan pays 80% after deductible | Plan pays 100% after deductible | Plan pays 80% after deductible |
| 9 | **Surgery in Physician Office** | $15 Copay per visit, then plan pays 100% | $15 Copay per visit, then plan pays 100% | Plan pays 80% after deductible | Plan pays 100% after deductible | Plan pays 80% after deductible |
| 10 | **Allergy Injections and Serum dispensed in the Physician Office** | Plan pays 100% | Plan pays 100% | Plan pays 80% after deductible | Plan pays 100% after deductible | Plan pays 80% after deductible |
| 11 | **Inpatient Hospital** | $250 per admission copay , then plan pays 100% | $250 per admission copay , then plan pays 100% | Plan pays 80% after deductible including Lab & X-Ray and advanced radiology services as part of stay maternity delivery facility charges | Plan pays 100% after deductible including Lab & X-Ray and advanced radiology services as part of stay, maternity delivery facility charges | Plan pays 80% after deductible including Lab & X-Ray and advanced radiology services as part of stay maternity delivery facility charges |
| 12 | **Inpatient Hospital Physician Visit** | Plan pays 100% | Plan pays 100% | Plan pays 80% after deductible | Plan pays 100% after deductible | Plan pays 80% after deductible |
| 13 | **Inpatient Radiologists, Pathologist, Anesthesiologists** | Plan pays 100% | Plan pays 100% | Plan pays 80% after deductible | Plan pays 100% after deductible | Plan pays 80% after deductible |

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| 14 | **Multiple Surgical Reduction** | Multiple surgeries in one session - payment reduced to 50% of least expensive procedure | Multiple surgeries in one session - payment reduced to 50% of least expensive procedure | | Multiple surgeries in one session - payment reduced to 50% of least expensive procedure | |
| 15 | **Outpatient Facility Services** | $100 per facility visit copay, then plan pays 100% | $100 per facility visit copay, then plan pays 100% | Plan pays 80% after deductible | Plan pays 100% after deductible | Plan pays 80% after deductible |
| 16 | **Outpatient Radiologists, Pathologist, Anesthesiologists** | Plan pays 100% | Plan pays 100% | Plan pays 80% after deductible | Plan pays 100% after deductible | Plan pays 80% after deductible |
| 17 | **Short Term Pulmonary, Cognitive, Physical, Speech, Occupational, Cardiac, Chiropractic Care** | $15 Copay per visit, then plan pays 100% - all services in this category accumulate subject to 90 day combined maximum per calendar year | $15 Copay per visit, then plan pays 100% - all services in this category accumulate subject to 90 day combined maximum per calendar year | Plan pays 80% after deductible; all services in this category accumulate subject to 90 day combined maximum per calendar year (in & out of network) | Plan pays 100% after deductible; all services in this category accumulate subject to 90 day combined maximum per calendar year(in & out of network) | Plan pays 80% after deductible; all services in this category accumulate subject to 90 day combined maximum per calendar year (in & out of network) |
| 18 | **Home Health Care including Outpatient Private Duty Nursing** | Plan pays 100% limited to 16 hours per day and unlimited number of days | Plan pays 100% limited to 16 hours per day and unlimited number of days | Plan pays 80% after deductible; limited to 16 hours per day - (combined in & out of network) - unlimited number of days | Plan pays 100% after deductible; limited to 16 hours per day (combined in & out of network)- unlimited number of days | Plan pays 80% after deductible; limited to 16 hours per day - (combined in & out of network) - unlimited number of days |
| 19 | **Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facility** | Plan pays 100% all services in this category accumulate subject to 120 day combined maximum per calendar year | Plan pays 100% all services in this category accumulate subject to 120 day combined maximum per calendar year | Plan pays 80% after deductible; all services in this category accumulate subject to 120 day combined maximum per calendar year (in & out of network) | Plan pays 100% after deductible; all services in this category accumulate subject to 120 day combined maximum per calendar year (in & out of network) | Plan pays 80% after deductible; all services in this category accumulate subject to 120 day combined maximum per calendar year (in & out of network) |
| 20 | **Durable Medical Equipment (DME)** | Plan pays 100% | Plan pays 100% | Plan pays 80% after deductible | Plan pays 100% after deductible | Plan pays 80% after deductible |

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| 21 | **External Prosthetic Devices (EPA)** | Plan pays 100% | Plan pays 100% | Plan pays 80% after deductible | Plan pays 100% after deductible | Plan pays 80% after deductible |
| 22 | **Hearing Aids** | Covered for children under age 13 only. Plan pays 100% | Covered for children under age 13 only. Plan pays 100% | Covered for children under age 13 only. Plan pays 80% after deductible | Covered for children under age 13 only. Plan pays 100% after deductible | Covered for children under age 13 only. Plan pays 80% after deductible |
| 23 | **Routine Vision Exam** | Plan pays 100%. Limited to one exam every 12 months | Plan pays 100%. Limited to one exam every 12 months | Plan pays 80% after deductible Limited to one exam every 12 months | Plan pays 100%. Limited to one exam every 12 months | Plan pays 80% after deductible Limited to one exam every 12 months |
| 24 | **Lab and X-Ray in Physician Office, Outpatient Facility and Independent Lab** | Plan pays 100% | Plan pays 100% | Plan pays 80% after deductible | Plan pays 100% after deductible | Plan pays 80% after deductible |
| 25 | **Emergency Room, Urgent Care & Emergency Care** | Emergency Room - $50 copay waived if admitted;<br>Urgent Care Facility - $10 copay<br>Emergency Care in physicians office - $15 copay ;<br>then plan pays 100% | Emergency Room - $50 copay waived if admitted;<br>Urgent Care Facility - $10 copay<br>Emergency Care in physicians office - $15 copay ;<br>then plan pays 100% | Plan pays 100% after deductible includes advanced radiology | Plan pays 100% after deductible, includes advanced radiology | Plan pays 100% after deductible includes advanced radiology |
| 26 | **Advanced Radiology (MRI, MRA, CAT, PET Scan)** | Plan pays 100% | Plan pays 100% | Plan pays 80% after deductible for services provided in Physician Office, Outpatient Facility | Plan pays 100% after deductible for services provided in Physician Office, Outpatient Facility | Plan pays 80% after deductible for services provided in Physician Office, Outpatient Facility |
| 27 | **Ambulance (Emergency Only)** | Plan pays 100% | Plan pays 100% | Plan pays 100% after deductible | Plan pays 100% after deductible | Plan pays 100% after deductible |

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| 28 | **Maternity** | Initial visit and global OBGYN & Specialist fee - $15 copay then plan pays 100% ; Prenatal, postnatal, office visits, physician delivery charges - plan pays 100% | Initial visit and global OBGYN & Specialist fee - $15 copay then plan pays 100% ; Prenatal, postnatal, office visits, physician delivery charges - plan pays 100% | Plan pays 80% after deductible includes initial, prenatal, postnatal, office visits, physician delivery charges, OBGYN and Specialist global fee | Plan pays 100% after deductible includes initial, prenatal, postnatal, office visits, physician delivery charges, OBGYN and Specialist global fee | Plan pays 80% after deductible includes initial, prenatal, postnatal, office visits, physician delivery charges, OBGYN and Specialist global fee |
| 29 | **Hospice** | Plan pays 100% includes inpatient Hospital, outpatient, and other healthcare facilities | Plan pays 100% includes inpatient Hospital, outpatient, and other healthcare facilities | Plan pays 80% after deductible includes inpatient Hospital, outpatient, and other healthcare facilities | Plan pays 100% after deductible includes inpatient Hospital, outpatient, and other healthcare facilities | Plan pays 80% after deductible includes inpatient Hospital, outpatient, and other healthcare facilities |
| 30 | **Bereavement Counseling** | Plan pays 100% includes inpatient Hospital, outpatient, and other healthcare facilities | Plan pays 100% includes inpatient Hospital, outpatient, and other healthcare facilities | Plan pays 80% after deductible includes inpatient hospital, outpatient, and other healthcare facilities | Plan pays 100% after deductible includes inpatient hospital, outpatient, and other healthcare facilities | Plan pays 80% after deductible includes inpatient hospital, outpatient, and other healthcare facilities |
| 31 | **Abortion (Elective and non-elective)** | Physicians Office - $15 copay; Inpatient Facility - $250 per admission copay; Outpatient Facility - $100 copay; professional services - plan pays 100% | Physicians Office - $15 copay; Inpatient Facility - $250 per admission copay; Outpatient Facility - $100 copay; professional services - plan pays 100% | Plan pays 80% after deductible includes inpatient hospital, outpatient, physician office, and professional services | Plan pays 100% after deductible includes inpatient hospital, outpatient, physician office, and professional services | Plan pays 80% after deductible includes inpatient hospital, outpatient, physician office, and professional services |
| 32 | **Family Planning - Men** | Physician Services - $15 copay; Inpatient Hospital - $250 copay ; Outpatient Facility - $100 copay; Professional services - plan pays 100% | Physician Services - $15 copay; Inpatient Hospital - $250 copay ; Outpatient Facility - $100 copay; Professional services - plan pays 100% | Plan pays 80% after deductible includes inpatient hospital, outpatient, physician office, and professional services | Plan pays 100% after deductible includes inpatient hospital, outpatient, physician office, and professional services | Plan pays 80% after deductible includes inpatient hospital, outpatient, physician office, and professional services |
| 33 | **Family Planning - Women** | Plan pays 100% | Plan pays 100% | Plan pays 80% after deductible includes inpatient hospital, outpatient, physician office, and professional services | No Cost - Plan pays 100% includes inpatient hospital, outpatient, physician office, and professional services | Plan pays 80% after deductible includes inpatient hospital, outpatient, physician office, and professional services |

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| 34 | **Infertility - lifetime maximum does not apply** | Physician Services - $15 copay; Inpatient Hospital - $250 copay ; Outpatient Facility - $100 copay; Professional services - plan pays 100% Includes Lab, radiology, counseling, surgical treatment, artificial insemination, in-vitro fertilization, GIFT, ZIFT | Physician Services - $15 copay; Inpatient Hospital - $250 copay ; Outpatient Facility - $100 copay; Professional services - plan pays 100% Includes Lab, radiology, counseling, surgical treatment, artificial insemination, in-vitro fertilization, GIFT, ZIFT | Plan pays 80% after deductible includes inpatient hospital, outpatient, physician office, and professional services. Includes Lab, radiology, counseling, surgical treatment, artificial insemination, in-vitro fertilization, GIFT, ZIFT | Plan pays 100% after deductible includes inpatient hospital, outpatient, physician office, and professional services. Includes Lab, radiology, counseling, surgical treatment, artificial insemination, in-vitro fertilization, GIFT, ZIFT | Plan pays 80% after deductible includes inpatient hospital, outpatient, physician office, and professional services. Includes Lab, radiology, counseling, surgical treatment, artificial insemination, in-vitro fertilization, GIFT, ZIFT |
| 35 | **Organ Transplants** | Inpatient hospital - $250 copay per admission; Inpatient professional services - plan pays 100% | Inpatient hospital - $250 copay per admission; Inpatient professional services - plan pays 100% | Plan pays 80% after deductible, includes inpatient hospital and professional services | Plan pays 100% after deductible, includes inpatient hospital and professional services | Plan pays 80% after deductible, includes inpatient hospital and professional services |
| 36 | **Dental Care** | Physicians Office - $15 copay; Inpatient Facility - $250 per admission copay; Outpatient Facility - $100 copay; professional services - plan pays 100% - Limited to charges for a continuous course of dental treatment within 6 months of an injuries to sound natural teeth | Physicians Office - $15 copay; Inpatient Facility - $250 per admission copay; Outpatient Facility - $100 copay; professional services - plan pays 100% - Limited to charges for a continuous course of dental treatment within 6 months of an injuries to sound natural teeth | Plan pays 80% after deductible includes inpatient hospital, outpatient, physician office, and professional services. Limited to charges for a continuous course of dental treatment within 6 months of an injuries to sound natural teeth | Plan pays 100% after deductible includes inpatient hospital, outpatient, physician office, and professional services. Limited to charges for a continuous course of dental treatment within 6 months of an injuries to sound natural teeth | Plan pays 80% after deductible includes inpatient hospital, outpatient, physician office, and professional services. Limited to charges for a continuous course of dental treatment within 6 months of an injuries to sound natural teeth |
| 37 | **Mental Health/Substance Abuse** | Inpatient hospital - $250 copay per admission; Outpatient - $15 copay outpatient physician office and facility charges | Inpatient hospital - $250 copay per admission; Outpatient - $15 copay outpatient physician office and facility charges | Plan pays 80% after deductible Including inpatient, outpatient physician office and facility charges | Plan pays 100% after deductible. Including inpatient, outpatient physician office and facility charges. | Plan pays 80% after deductible Including inpatient, outpatient physician office and facility charges |

** The CIGNA plan documents will govern the provisions of the policy in the event there is a discrepancy between this Comparison and the plan*