



FY'23 plan snapshot

This is a snapshot of how the medical, dental, and vision plans work. For a complete list of covered services, see the summary plan descriptions (SPDs).

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Summary of medical benefits

Cigna Select PPO

Per-Paycheck Deductions	Employee only: \$69 Employee + spouse/DP: \$224	Employee + children: \$172.25 Employee + family: \$275.75
Plan Features	In-Network	Out-of-Network
Provider Network	Cigna Open Access Plus network; use any in-network or out-of-network provider	
Plan-Year Deductible (August 1–July 31)	Individual: \$750 Family: \$1,500	Individual: \$1,500 Family: \$3,000
Plan-Year Out-of-Pocket Maximum (August 1–July 31)	Individual: \$3,250 Family: \$6,650	Individual: \$6,500 Family: \$13,300
Coinsurance	Plan pays 80% after deductible	Plan pays 60% of UCR* after deductible
Physician Services		
Preventive Exams (such as routine physicals, immunizations, annual ob-gyn exams, and one mammogram per year for women starting at age 40)	Plan pays 100%	You pay \$30 per visit after deductible, then plan pays 60% of UCR*
Well-Baby Care/Well-Child Care (includes immunizations)	Plan pays 100%	You pay \$30 per visit after deductible, then plan pays 60% of UCR*
Telemedicine	Teladoc board-certified doctors are available 24/7 by phone or secure video to diagnose conditions and prescribe medicine. Use Teladoc for allergies, asthma, bronchitis, cold and flu, pinkeye, back pain, nutrition services, smoking cessation, and dermatology issues. You pay nothing for telemedicine visits.	
	No cost to you	No cost to you
Teladoc 360 Virtual Primary Care (employees and dependents age 18 and older)	Preventive exams: Plan pays 100% PCP visits (non-preventive): \$30 copay	Not applicable
Doctor's Office Visit (PCP/specialist)	You pay \$30 copay, then plan pays 100%	You pay \$30 per visit after deductible, then plan pays 60% of UCR*
Non-Hospital X-Ray & Lab Services	PCP: You pay \$30 copay Lab: Plan pays 80% after deductible	PCP: You pay \$30 per visit after deductible, then plan pays 60% of UCR* Lab: Plan pays 60% of UCR* after deductible
Urgent Care	Plan pays 80% after deductible	Plan pays 80% of UCR* after deductible
Emergency Room	You pay \$250 copay (waived if admitted) after deductible	You pay \$250 copay (waived if admitted) after deductible
Ambulance	Plan pays 80% after deductible; only covered for true emergencies	Plan pays 80% of UCR* after deductible; only covered for true emergencies
Surgery		
Inpatient Surgery	Plan pays 80% after deductible	Plan pays 60% of UCR* after deductible
Outpatient Surgery	Plan pays 80% after deductible	Plan pays 60% of UCR* after deductible
Mental Health & Substance Use Disorder Therapy		
Employee Assistance Program (EAP)	You, your spouse, and your dependents age 2 and older have access to 12 coaching or therapy sessions per plan year, at no cost to you.	
Telemedicine	Teladoc licensed therapists and psychiatrists available 24/7 by phone or secure video for counseling related to stress, anxiety, depression, addiction, and abuse. Available to employees and covered family members age 13 and older. You pay nothing for telemedicine visits.	
Inpatient Care	Plan pays 80% after deductible; you pay less when you use a Cigna Substance Use Center of Excellence	Plan pays 60% of UCR* after deductible
Office Visits/Outpatient Care	Plan pays 100%	Office visits: You pay \$30 per visit after deductible, then plan pays 60% of UCR* Other facilities: Plan pays 60% of UCR* after deductible
Other Services		
Infertility Including elective egg freezing cryopreservation, storage and thawing	Testing and treatment for underlying conditions, testing to determine cause of infertility, procedures to restore fertility; includes artificial insemination, in vitro, GIFT and ZIFT, elective egg freezing (cryopreservation, storage, and thawing) Office visits: You pay \$30 copay per visit Other facilities: Plan pays 80% after deductible Lifetime maximums: \$30,000 for medical and \$10,000 for prescriptions (through CVS Caremark)	Office visits: You pay \$30 per visit after deductible, then plan pays 60% of UCR* Other facilities: Plan pays 60% of UCR* after deductible Lifetime maximums: \$30,000 for medical and \$10,000 for prescriptions (through CVS Caremark)

Plan Features	In-Network	Out-of-Network*
Other Services (continued)		
Physical, Speech, & Occupational Therapy	You pay \$30 copay per visit	You pay \$30 per visit after deductible, then plan pays 60% of UCR*
Applied Behavioral Analysis (ABA) Therapy	Plan pays 100%	Plan pays 60% of UCR* after deductible
Music & Equine Therapy	Plan pays 100%	You pay \$30 per visit after deductible, then plan pays 60% of UCR*
Acupuncture	You pay \$30 copay per visit; up to 30 visits per year, combined in-network and out-of-network	You pay \$30 per visit after deductible, then plan pays 60% of UCR* after deductible; up to 30 visits per year, combined in-network and out-of-network
Chiropractic Care	You pay \$30 copay per visit; up to 30 visits per year, combined in-network and out-of-network	You pay \$30 per visit after deductible, then plan pays 60% of UCR*; up to 30 visits per year, combined in-network and out-of-network
Nutritionists (If you have a chronic condition, the plan pays 100% for unlimited visits with a registered and licensed dietician or nutritionist.)	Plan pays 80% after deductible; up to 5 visits per year (combined in-network and out-of-network) with a registered and licensed dietician or nutritionist	Plan pays 60% of UCR* after deductible; up to 5 visits per year (combined in-network and out-of-network) with a registered and licensed dietician or nutritionist

Prescription Drugs

Provider	CVS Caremark
Annual Out-of-Pocket Maximum	Prescription amounts count toward medical plan out-of-pocket maximum
Generic	<i>Retail:</i> \$10 copay for 30-day supply** <i>Mail Order:</i> \$20 copay for 90-day supply
Preferred Brand Name	<i>Retail:</i> \$30 copay for 30-day supply** <i>Mail Order:</i> \$60 copay for 90-day supply
Non-Preferred Brand Name	<i>Retail:</i> \$50 copay for 30-day supply** <i>Mail Order:</i> \$100 copay for 90-day supply

* A fee is considered to be usual, customary, and reasonable (UCR) if it falls within the parameters of the average or commonly charged fee for the particular service within a specific community.

** Specialty drugs are included in the three-tier cost structure and are exclusive to CVS Specialty® pharmacy only. After two retail fills of maintenance medication, you must go through mail order or use a CVS pharmacy and fill a 90-day supply. Otherwise, a penalty copay is charged (\$10 for generic, \$15 for preferred brand name, and \$25 for non-preferred brand name).

Summary of dental benefits

Aetna Dental Select PPO

Per-Paycheck Deductions	Employee only: \$8.88 Employee + spouse/DP: \$22.89 Employee + children: \$18.22 Employee + family: \$27.56
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Plan Features	In-Network	Out-of-Network*
Provider Network	Use any Aetna PPO network dentist, specialist, or orthodontist who has agreed to charge Aetna's negotiated rates for services.	
Plan-Year Deductible (August 1–July 31)	Individual: \$50 Family: \$150	Individual: \$100 Family: \$300
Plan-Year Maximum**	\$1,500	\$1,000
Preventive Care	Plan pays 100%	Plan pays 100%
Basic Care	Plan pays 80% after deductible	Plan pays 70% after deductible
Major Care	Plan pays 50% after deductible	Plan pays 40% after deductible
Orthodontic Care	Plan pays 50%	Plan pays 40%
Orthodontic Lifetime Maximum	\$1,500	\$1,000

* Out-of-network plan payments are based on the 90th percentile of prevailing charges for the geographic area.

** Comprehensive plan-year maximum applies only to basic and major care.

Summary of vision benefits

	VSP Provider	Non-VSP Provider
Per-Paycheck Deductions	Employee only: \$4.46 Employee + spouse/DP: \$11.83 Employee + children: \$9.38 Employee + family: \$14.29	
Plan Features	Benefits are available on a rolling 12-month schedule, so you'll be eligible for a benefit 12 months after you last received it.	
Exam	\$10 copay \$20 copay for services related to diabetic eye disease, glaucoma, and age-related macular degeneration (AMD); retinal screening for eligible members with diabetes	\$50 reimbursement*
Prescription Glasses	\$10 copay Frames: \$200 allowance Lenses: Single vision, lined bifocal, lined trifocal	Frames: \$70 reimbursement* Lenses: \$50 single vision, \$75 lined bifocal, \$100 lined trifocal reimbursement*
Contact Lenses	Up to \$60 copay for contact lens exam (fitting and evaluation); \$300 allowance for materials	\$105 reimbursement*
Computer Glasses (for employees only)	\$10 copay; every 12 months; up to \$200 frame allowance	N/A
Laser Vision Care	\$0 copay; \$1,500 total allowance; once per lifetime	N/A

Note: The plan includes either frames and lenses **or** contact lenses once every 12 months.

* Copays apply.

This is intended to be a high-level summary of benefits. Please refer to the summary plan description (SPD) for detailed benefit information. If there is a discrepancy with any information herein provided, the provisions of the appropriate SPD will prevail.