

# **BIG HORN COUNTY EMPLOYEES**

**Plan Summary  
Plan 1 - Plan 2  
Medical, Dental & Vision**

**Administered by Cigna  
Effective October 1, 2018**

**Big Horn County Employees**  
**Effective October 1, 2018**

	<b>Option 1</b>	<b>Option 2</b>
<b>Calendar year</b>		
Individual Deductible	\$500	\$2,700
Family Deductible	\$1,000	\$5,400
<b>Coinsurance (for most services)</b>		
Individual	70/30% of \$3,333	10% of \$5,000
Family	70/30% of \$6,666	10% of \$10,000
<b>Out-of-Pocket Maximum</b>		
Individual	\$1,500	\$3,200
Family	\$3,000	\$6,400
(Note: prescription drug copays or coinsurance, or amounts over Allowable Charges does not apply to out-of-pocket maximum)		
<b>Annual Maximum</b>	Unlimited	Unlimited
<b>Physician Office Visits</b>	30% waive Deductible	90% after Deductible
<b>Preventive Care</b>	100% of allowable charges per calendar year when services are rendered by a participating provider at appropriate intervals. <b>Services rendered by a non-participating provider are not a benefit.</b>	100% of allowable charges per calendar year when services are rendered by a participating provider at appropriate intervals. <b>Services rendered by a non-participating provider are not a benefit.</b>
<b>Accident Benefit</b> (not subject to deductible and coinsurance)	\$1,500 per calendar year	None
<b>Medical Care</b>	30% after Deductible	90% after Deductible
<b>Medical Emergencies</b>	30% after Deductible <b>\$250 Additional</b>	90% after Deductible

*This Summary of Benefits is provided as an overview of the current medical and vision benefit plan available through Cigna and should not be viewed as a contract. Please refer to the Benefit Document for specific information regarding benefits, limitations and exclusions.*

	<b>Deductible for non-emergencies</b>	<b>\$250 Additional Deductible for non-emergencies</b>
<b>Prescription Drugs</b>		
Retail Purchase (30 day supply)	Generic: \$5 copayment, then 100% payment Brand: \$10 copayment, then 100% payment Non Formulary: \$50 copayment, then 100% payment	100% after Deductible
Mail Order (up to 90 day supply)	Two (2) times retail	100% after Deductible

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**VISION BENEFITS**  
**Included with Options 1 & 2**

<i>Vision Examination</i>	One exam per 12 months – \$25 copay
<i>Material Allowance</i> <i>Frames</i> <i>Contact Lenses</i> <i>Lenses</i>	\$500.00

**Life Insurance Benefits**  
**Included with Options 1 & 2**

<i>Employee</i>	\$15,000 + 2 x AD&D
<b>Employee Age Based Reductions:</b> When you are age 65 or older, your Life Insurance Benefit will reduce to the percentage shown below:	
<ul style="list-style-type: none"> <li>• 65% of the Life Insurance Benefit at age 65</li> <li>• 50% of the Life Insurance Benefit at age 70</li> </ul>	
<i>Spouse Coverage</i>	\$2,500
<i>Dependent Child Benefit</i>	\$1,000

## DENTAL BENEFITS

### Included with Medical Options 1 & 2

<i>Calendar year</i>	
Individual Deductible	\$50.00
Family Deductible	\$100.00
<i>Annual Maximum</i>	\$3,000.00
<i>Oral Exams</i>	Two per calendar year – 100% waive deductible & coinsurance
<i>Prophylaxis (Cleaning)</i>	Two per calendar year – 100% waive deductible & coinsurance
<i>Bitewing X-rays</i>	Two sets per calendar year – 100% waive deductible & coinsurance
<i>Panorex</i>	One series per 36 month period – 100% waive deductible & coinsurance
<i>Full Mouth X-rays</i>	One series per 36 month period – 100% waive deductible & coinsurance
<i>Fluoride</i>	One application per calendar year for dependents up to age 14
<i>Sealants</i>	One application to molar teeth for dependents up to age 19
<i>Space Maintainers</i>	Covered for participants under the age of 19 (limited to non-orthodontic treatment) – 100% waive deductible & coinsurance
<i>Restorative Care</i> <i>(Extractions, Oral Surgery, Fillings, General Anesthetics, Periodontics, Endodontics, Individual X-rays, Injections of antibiotic drugs)</i>	80% after Deductible
<i>Prosthodontics</i> <i>(Dentures, Bridges, Crowns)</i>	50% after Deductible
<i>Orthodontics</i>	50% after Deductible - \$3,000 Lifetime maximum Available <b>to all participants under the age of 19 on the date of service.</b>

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## NOTES

### **Benefits will be reduced if not provided by a Cigna Provider**

#### **In-Network and Out-of-Network**

- Make sure you use providers that participate with Cigna
- Providers that do not participate with Cigna are going to cost you more dollars for claims and possibly balance billing problems (\$\$\$\$)
- If you are unsure about a provider being in the Cigna network – ask them or call the Cigna Customer support number on the back of your card.

#### **Open Enrollment**

- Open enrollment will be held during the month of December with an effective date of January 1<sup>st</sup>.
- During open enrollment you can enroll yourself, other eligible members of your family and change plan options.