



2023-2024 Medical Plan Summary

Compass Rose Public Schools medical plans will be provided through Cigna beginning the 2023-2024 plan year. www.mycigna.com 1-800-997-1654

Plan Name	Low	Base	Buy-UP - LocalPlus	Buy-UP - OAP
Network	LocalPlus	OAP	LocalPlus	OAP
Deductible				
In-Network	\$5,000 / \$14,700	\$5000 / \$14,700	\$1,500 / \$4,500	\$1,500 / \$4,500
Out-of-Network	Not Covered	\$10,000 / \$20,000	Not Covered	\$10,000 / \$20,000
Out-of-Pocket Max	<i>Includes Deductible</i>	<i>Includes Deductible</i>	<i>Includes Deductible</i>	<i>Includes Deductible</i>
In-Network	\$9,100 / \$18,200	\$5,600 / \$14,700	\$4,500 / \$13,500	\$4,500 / \$13,500
Out-of-Network	Not Covered	\$28,000 / \$56,000	Not Covered	\$28,000 / \$56,000
Plan Coinsurance				
In-Network	70%	70%	100%	100%
Out-of-Network	Not Covered	50%	Not Covered	50%
Preventative Care				
In-Network	\$0	\$0	\$0	\$0
Out-of-Network	Not Covered	50% AD	Not Covered	50% AD
Physician Office Visit				
In-Network	\$45 copay	\$45 copay	\$30 copay	\$30 copay
Out-of-Network	Not Covered	50% AD	Not Covered	50% AD
Telemedicine	\$0	\$0	\$0	\$0
Specialist Office Visit				
In-Network	\$90 copay	\$90 copay	\$60 copay	\$60 copay
Out-of-Network	Not Covered	50% AD	Not Covered	50% AD
Diagnostic Lab & Radiology				
In-Network	30% AD	30% AD	\$0	\$0
Out-of-Network	Not Covered	50% AD	Not Covered	50% AD
Emergency Room				
In-Network	\$500 + 30% AD	\$500 + 30% AD	\$500 + \$0 AD	\$500 + \$0 AD
Out-of-Network	\$500 + 30% AD	\$500 + 30% AD	\$500 + \$0 AD	\$500 + \$0 AD
Urgent Care				
In-Network	\$75 copay	\$75 copay	\$75 copay	\$75 copay
Out-of-Network	Not Covered	50% AD	Not Covered	50% AD
Advanced Radiology (MRI/CT/PET)				
In-Network	30%	30% AD	\$0 AD	\$0 AD
Out-of-Network	Not Covered	50% AD	Not Covered	50% AD
Inpatient & Outpatient Services				
In-Network	30% AD	30% AD	\$0 AD	\$0 AD
Out-of-Network	Not Covered	50% AD	Not Covered	50% AD
Pharmacy – 30 Day				
Generic	\$10	\$10	\$10	\$10
Brand Preferred	\$50	\$50	\$50	\$50
Brand Non-Preferred	\$100	\$100	\$100	\$100
Specialty Preferred	\$50	\$50	\$50	\$50
Specialty Non-Preferred	\$100	\$100	\$100	\$100

"AD" refers to "After-Deductible"



Compass Rose Public School 2023-2024 Medical Premiums

Monthly	Low - LocalPlus	Base - OAP	Buy-UP - LocalPlus	Buy-Up - OAP
Employee Only	\$43.94	\$76.88	\$168.29	\$180.78
Employee + Spouse	\$581.73	\$732.46	\$865.84	\$986.79
Employee + Child(ren)	\$374.89	\$492.85	\$597.25	\$691.90
Employee + Family	\$912.67	\$1,115.82	\$1,295.61	\$1,458.62
Bi-Monthly	Low - LocalPlus	Base - OAP	Buy-UP - LocalPlus	Buy-Up - OAP
Employee Only	\$21.97	\$38.44	\$84.15	\$90.39
Employee + Spouse	\$290.87	\$366.23	\$432.92	\$493.40
Employee + Child(ren)	\$187.45	\$246.43	\$298.63	\$345.95
Employee + Family	\$456.34	\$557.91	\$647.81	\$729.31