## **Medical Coverage Options**

This chart provides a few examples of your payment responsibility under each medical option. Consult the Summary Plan Descriptions (SPD) for coverage details. The SPD is available under "Benefit Resources" on the BJC Total Rewards website.

	Choice Plus			Choice		
	BJC Facility Network	Cigna OAP Network	Non- Network	BJC Facility Network	Cigna OAP Network	Non- Network
Annual Deductible – Per Individual (3x Family)	\$200	\$600	\$3,000	\$600	\$2,500	\$5,000
Annual Out-of-Pocket Maximum						
Per Individual	\$1,200	\$4,600	Unlimited	\$4,000	\$4,600	Unlimited
Per Family	\$3,600	\$9,200		\$9,200	\$9,200	
Urgent Care	\$50			\$60		
Emergency Room	\$150			\$200		
Wellness and Preventive Care	\$0	\$0	50%	\$0	\$0	75%
Diagnostic/Non-Preventive Office Visit						
Primary Care Physician (PCP)	N/A*	\$25	50%	N/A*	\$40	75%
• Specialist	N/A*	\$50	50%	N/A*	\$60	75%
Outpatient Short-Term Therapy	\$20	\$35	50%	\$30	\$50	75%
Outpatient Surgery	0%	40%	\$1,500 & 50%	15%	60%	\$3,000 & 75%
Hospital Services						
• Inpatient Technical Charges**	0%	40%	\$2,500 & 50%	15%	60%	\$5,000 & 75%
OutpatientTechnical Charges**	0%	40%	50%	15%	60%	75%
• Inpatient Professional Charges***	N/A*	20%	50%	N/A*	40%	75%
Outpatient Professional Charges***	N/A*	20%	50%	N/A*	40%	75%

are included in the Cigna OAP Network.

\*\* Billed by Facility. Technical charges for the tools and services that a professional uses to provide health care services, such as equipment,

\* The BJC Facility Network does not include physicians; BJC Medical Group, Memorial Medical Group and Washington University physicians

<sup>\*\*</sup> Billed by Facility. Iechnical charges for the tools and services that a professional uses to provide health care services, such as equipment, supplies, operating room time, radiology, general nursing care, etc.

<sup>\*\*\*</sup> Billed by Physician. Professional charges for a physician or other licensed health care professional's time and expertise to provide health care services to an individual.