

**Mariner Wealth Advisors Medical Plans**  
**Effective January 1, 2019**  
**Cigna**

[www.myCigna.com](http://www.myCigna.com)

	Traditional PPO Plan		HSA PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	Benefit Year Deductible – The benefit year deductible will apply to all medical services unless otherwise indicated.		Benefit Year Deductible – The benefit year deductible will apply to all services unless otherwise indicated. HSA Plan Medical and Pharmacy benefits are integrated, and will both apply to the deductible.	
<b>Individual Deductible</b>	\$500	\$1,500	\$2,700	\$2,700
<b>Family Deductible</b>	\$1,500	\$4,500	\$5,400	\$5,400
	Out-of-Pocket Maximum - Deductible, Coinsurance, and Medical Co-payments apply to the Out-of-Pocket maximum. All Medical services will pay at 100% of allowable expenses once the Out-of-Pocket maximum is satisfied.		Out-of-Pocket Maximum - Deductible, Coinsurance, and Co-payments apply to the Out-of-Pocket maximum. All services will pay at 100% of allowable expenses once the Out-of-Pocket maximum is satisfied. HSA Plan Medical and Pharmacy benefits are integrated, and will both apply to the out-of-pocket maximum.	
<b>Individual Maximum</b>	\$2,500	\$5,000	\$2,700	\$5,400
<b>Family Maximum</b>	\$5,000	\$10,000	\$5,400	\$10,800
<b>Coinsurance</b>				
Plan Coinsurance	90%	70%	100%	80%
Member Coinsurance	10%	30%	0%	20%
<b>Physician Office Services</b>				
Primary Office Visit	\$20	70% after deductible	100% after deductible	80% after deductible
First Stop Health - Telemedicine Consult	Free of Charge		Free of Charge	
Specialist Office Visit	\$35	70% after deductible	100% after deductible	80% after deductible
<b>Allergy Treatment/Injections</b>	90% after deductible	70% after deductible	100% after deductible	80% after deductible
<b>Surgery performed in the Physician's Office</b>	90% after deductible	70% after deductible	100% after deductible	80% after deductible
<b>Preventative Care</b>				
Adult Routine Physical Exam	Covered at 100% limited to 1 per year	70% after deductible	Covered at 100% limited to 1 per year	80% after deductible
Well Child Care	Covered at 100%	70% after deductible	Covered at 100%	80% after deductible
Mammogram	Covered at 100% limited to 1 per year	70% after deductible	Covered at 100% limited to 1 per year	80% after deductible
PSA	Covered at 100%	70% after deductible	Covered at 100%	80% after deductible
Immunizations	Covered at 100%	70% after deductible	Covered at 100%	80% after deductible
Colonoscopy	Covered at 100%	70% after deductible	Covered at 100%	80% after deductible
<b>Hospital Services</b>				
Inpatient Physician Visit	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Outpatient Surgeon	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Inpatient Facility	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Outpatient Facility	90% after deductible	70% after deductible	100% after deductible	80% after deductible
<b>Emergency</b>				
Urgent Care Center	\$35	70% after deductible	100% after deductible	80% after deductible
Emergency Room Visit- <i>True Emergency</i>	\$250 copay, then 90% after deductible	\$250 copay, then 90% after deductible	100% after deductible	100% after deductible
Ambulance	90% after deductible	90% after deductible	100% after deductible	100% after deductible

	Traditional PPO Plan		HSA PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Mental Health</b>				
Inpatient Facility	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Outpatient Facility	90% after deductible	70% after deductible	100% after deductible	80% after deductible
<b>Chemical Dependency/Substance Abuse</b>				
Inpatient Facility	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Outpatient Facility	90% after deductible	70% after deductible	100% after deductible	80% after deductible
<b>Other Services</b>				
Skilled Nursing Facility	90% after deductible	70% after deductible	100% after deductible	80% after deductible
	30 days per year		30 days per year	
Home Health Care	90% after deductible	70% after deductible	100% after deductible	80% after deductible
	60 visits per year		60 visits per year	
Hospice Facility	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Outpatient Occupational and Physical Therapies, and Skeletal Manipulations (Chiropractic)	90% after deductible	70% after deductible	100% after deductible	80% after deductible
	40 visits per year combined		40 visits per year combined	
Outpatient Speech and Hearing Therapy	90% after deductible	70% after deductible	100% after deductible	80% after deductible
	20 visits per year combined		20 visits per year combined	
Durable Medical Equipment / Prosthesis / Orthotics	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Outpatient Diagnostic Lab and X-Ray	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Diagnostic Lab and X-Ray (Performed in Physician's Office)	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Diagnostic Testing (MRI, CT Scan, etc.)	90% after deductible	70% after deductible	100% after deductible	80% after deductible
	PPO Plan - For 2014, the benefit year out-of-pocket maximum does not include prescription drug copays.		HSA Plan - The benefit year deductible applies to both medical and prescription benefits. The member must pay full prescription cost until the deductible is met.	
<b>Prescription Retail (31 day supply)</b>				
Generic	\$10		100% after deductible	
Brand	\$30		100% after deductible	
Non-Preferred	\$50		100% after deductible	
Specialty	50% up to \$250		100% after deductible	
<b>Prescription Retail (90 day supply)</b>				
Generic	\$20		100% after deductible	
Brand	\$60		100% after deductible	
Non-Preferred	\$100		100% after deductible	
<b>Mail Order (90 day supply)</b>				
Generic	\$20		100% after deductible	
Brand	\$60		100% after deductible	
Non-Preferred	\$100		100% after deductible	

*Note: This information is a summary of benefits and does not include all policy provisions that may apply. Employees should refer to the plan document, employee handbook, or certificate of coverage regarding each benefit for more detailed information.*