

Miami-Dade County Public Schools

Open Access Plus (OAP) 20 and Open Access Plus (OAP) 10 - CIGNA National Network Platform

NOTE: Benefits are subject to change to comply with Federal Mental Health Parity and Enhanced Autism coverage

General Provisions	Current POS Plan		OAP 20 Plan		OAP 10 Plan	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Annual deductible (I/F)	None	\$500 / \$1,000	\$250/\$500	\$1,000/\$2,000	None	\$500 / \$1,000
Hospital Admission Copay	\$150/day; \$450/admit max	30% after deductible	20% after deductible	40% after deductible	10% of allowable charges	30% after deductible
Annual Out-of-Pocket Max (excluding deductible) (I/F)	\$1,500 / \$3,000	\$3,000 / \$6,000	\$1,500 / \$3,000	\$6,000/\$12,000	\$1,500 / \$3,000	\$3,000 / \$6,000
Is a PCP election/referral required	No	No	No	No	No	No
Lifetime Max	Unlimited	\$2,000,000 per individual	Unlimited	\$2,000,000 per individual	Unlimited	\$2,000,000 per individual
Do deductibles cross accumulate (in/out of network)	Not Applicable	Not Applicable	No Cross Accumulation	No Cross Accumulation	Not Applicable	Not Applicable
Plan Coinsurance	100%	70%	80%	60%	90%	70%
Outpatient Services						
Physician Charges						
Primary Care Physician office visit	100% after \$15 copay	70% after deductible	100% after \$20 copay	60% after deductible	100% after \$20 copay	70% after deductible
Specialist Office Visit	100% after \$30 copay	70% after deductible	100% after \$40 copay	60% after deductible	100% after \$40 copay	70% after deductible
Preventive Care						
Immunizations	100% after \$15 copay	70% after deductible	100% after \$20 copay	60% after deductible	100% after \$20 copay	70% after deductible
Hearing Examination (limit 1 per year through age 16)	100% after \$15 copay	70% after deductible	100% after \$20 copay	60% after deductible	100% after \$20 copay	70% after deductible
Well Child Care- Performed by PCP/Pediatrician (immunizations included)	100% after \$30 copay	70% after deductible	100% after \$20 copay	60% after deductible	100% after \$20 copay	70% after deductible
Annual Physical (limit 1 per year)	100% after applicable copay	Not Covered (except well women exam)	100% after applicable copay	Not Covered (except well women exam)	100% after applicable copay	Not Covered (except well women exam)
Vision Screening for children through age 18 (limit 1 per year at PCP office)	100% after applicable copay	70% after deductible	100% after applicable copay	60% after deductible	100% after applicable copay	70% after deductible
Gynecological visit (office visit, pap test)	100% after \$15 copay for annual wellness exam, \$30 copay for all other visits	70% after deductible	100% after \$20 copay for annual wellness exam, \$40 copay for all other visits	60% after deductible	100% after \$20 copay for annual wellness exam, \$40 copay for all other visits	70% after deductible
Mammograms (routine)	100%	100%	100%	100%	100%	100%
Diagnosis and Treatment						
Laboratory	100%	70% after deductible	100%	60% after deductible	100%	70% after deductible
Non-Hospital Based Diagnostic Imaging (CT Scans, Pet Scans, MRI, nuclear medicine, X-Ray and mammography)	100% Prior notification required	70% after deductible	100% after \$100 copay	60% after deductible	100% after \$100 copay	70% after deductible
Hospital Based Diagnostic Imaging (CT Scans, Pet Scans, MMRI, nuclear medicine, X-Ray and mammography)	100% after \$100 copay Prior notification required	70% after deductible	80% after deductible	60% after deductible	90% of allowable charges	70% of allowable charges
Medication administered at provider location	100%	70% after deductible	80% after deductible	60% after deductible	90%	70% after deductible
Short-Term Therapies - Speech, Physical, Respiratory (prior notification required)	100% after \$20 copay 40 visits each per calendar year combined in and out of network	70% after deductible 40 visits each per calendar year combined in and out of network	100% after \$40 copay 40 visits each per calendar year combined in and out of network	60% after deductible 40 visits each per calendar year combined in and out of network	100% after \$40 copay 40 visits each per calendar year combined in and out of network	70% after deductible 40 visits each per calendar year combined in and out of network
Therapeutic Treatments (Dialysis, intravenous, chemotherapy, radiation, or other intravenous infusion therapy)	100%	70% after deductible	80% after deductible	60% after deductible	90%	70% after deductible
Maternity Care	Pre/Post-Natal visits covered at 100% after initial \$30 copay. Obstetrical/midwifery services covered at 100%	70% after deductible	Pre/Post-Natal visits covered at 100% after initial \$40 copay. Obstetrical/midwifery services covered at 80%	60% after deductible	Pre/Post-Natal visits covered at 100% after initial \$40 copay. Obstetrical/midwifery services covered reimbursed at 90% of allowable charges	70% after deductible
Childbirth Classes	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

Miami-Dade County Public Schools

Open Access Plus (OAP) 20 and Open Access Plus (OAP) 10 - CIGNA National Network Platform

NOTE: Benefits are subject to change to comply with Federal Mental Health Parity and Enhanced Autism coverage

	Current POS Plan		OAP 20 Plan		OAP 10 Plan	
Outpatient Surgery - Non-Hospital Based Performed in a primary care physician's office and specialist's office Performed in free standing facility (non hospital)	100% after \$25 copay per surgical procedure	70% after deductible	100% after \$40 copay 100% after \$100 copay	60% after deductible	100% after \$40 copay 100% after \$100 copay	70% of allowable charges
Outpatient Surgery - Hospital Based	100% after \$100 copay Prior notification required	70% after deductible	80% after deductible	60% after deductible	90%	70% after deductible
Dental Services (Resulting from accident only) Performed in physician's office	100% after \$25 copay Prior notification required	70% after deductible	100% after \$50 copay Prior notification required	60% after deductible	100% after \$50 copay Prior notification required	70% after deductible
Emergency Care						
Emergency Room	100% after \$200 copay \$100 copay if JMH facilities (waived if admitted)	100% after \$200 copay \$100 copay if JMH facilities	100% after \$200 copay \$100 copay if JMH facilities (waived if admitted)	100% after \$200 copay \$100 copay if JMH facilities copays waived if admitted if not true emergency, 60% after deductible	100% after \$200 copay \$100 copay if JMH facilities (waived if admitted)	100% after \$200 copay \$100 copay if JMH facilities copays waived if admitted if not true emergency, 70% after deductible
Urgent Care	100% after \$25 copay	70% after deductible	100% after \$50 copay (waived if admitted)	60% after deductible	100% after \$50 copay (waived if admitted)	70% of allowable charges
Convenience Care	100% after \$15 copay	100% after \$15 copay	100% after \$20 copay	60% after deductible	100% after \$20 copay	70% of allowable charges
Mental Health and Substance Abuse (Prior Authorization required)						
Crisis Intervention	100% after \$20 copay Limit 30 indiv. Visits/year	70% after deductible Limit 12 indiv. Visits/year	100% after \$40 copay	60% after deductible	100% after \$40 copay	70% after deductible
Alcohol and Drug Treatment	100% after \$20 copay (\$10 copay for group sessions) Limit 30 visits/year for indiv. Sessions	Maximum payable benefit is \$35 per visit. All treatment limits to a max payable of \$2000 per Lifetime	100% after \$40 copay (\$20 copay for group sessions)	60% after deductible	100% after \$40 copay (\$20 copay for group sessions)	70% after deductible
Inpatient Services						
In-Hospital Services						
Room and Board Semi-private Intensive care Maternity Routine Nursery Operating Room	100% after Hospital Admission Charge Prior notification required	70% after deductible	80% after deductible Prior notification required	60% after deductible	90% Prior notification required	70% after deductible
Bariatric Surgery	100% after Hospital Admission Charge	Not Covered	Not Covered	Not Covered	90%	Not Covered
Anesthesia	100%	70% after deductible	80% after deductible	60% after deductible	90%	70% after deductible
Nursing Care General Private (if authorized by Plan)	100%	70% after deductible	80% after deductible	60% after deductible	90%	70% after deductible
Services and Supplies (medications, intravenous therapy, supplies and dressing, blood and administration)	100%	70% after deductible	80% after deductible	60% after deductible	90%	70% after deductible
Physician visits and services (surgical, medical)	100%	70% after deductible	80% after deductible	60% after deductible	90%	70% after deductible
Inpatient Therapy Services (short term physical, oxygen and respiration, short term rehab)	100%	70% after deductible	80% after deductible	60% after deductible	90%	70% after deductible

Miami-Dade County Public Schools

Open Access Plus (OAP) 20 and Open Access Plus (OAP) 10 - CIGNA National Network Platform

NOTE: Benefits are subject to change to comply with Federal Mental Health Parity and Enhanced Autism coverage

	Current POS Plan		OAP 20 Plan		OAP 10 Plan	
Laboratory Diagnostic Imaging while confined overnight X-ray Nuclear medicine Sonography Radiation therapy	100%	70% after deductible	80% after deductible	60% after deductible	90%	70% after deductible
Mental Health and Substance Abuse Residential Treatment	100% after \$100 copay per admission Prior notification Required Limited to 60 days per calendar year combined in and out of network; 30 days for Mental Health and 30 days for Substance Abuse	70% after deductible Prior notification Required Limited to 60 days per calendar year combined in and out of network; 30 days for Mental Health and 30 days for Substance Abuse	80% after deductible Prior notification required	60% after deductible	90% Prior notification required	70% after deductible
Other Services						
Out of Area Hospitalization						
Emergency	100% after \$200 copay (waived if admitted)	100% after \$200 copay (waived if admitted)	100% after \$200 copay (waived if admitted)	100% after \$200 copay (waived if admitted)	100% after \$200 copay (waived if admitted)	100% after \$200 copay (waived if admitted)
Admission when referred by physician with approval from Care Coordination	100% after \$150 per day Max \$450 per admission	100% after \$150 per day Max \$450 per admission	80% after deductible	80% after deductible	90%	90%
Skilled Nursing Facility	100% Prior notification required Limited to 90 days/calendar yr	70% after deductible	80% after deductible Prior notification required Limited to 90 days/calendar yr	60% after deductible	90% Prior notification required Limited to 90 days/calendar yr	70% after deductible
Emergency Ambulance Service	100% after \$50 copay	100% after \$50 copay	100% after \$50 copay	100% after \$50 copay	100% after \$50 copay	100% after \$50 copay
Family Planning Counseling and evaluation in physician's office Counseling and evaluation in specialist's office Elective sterilization performed in physician's office Implantable or injectable contraceptives	Counseling covered at 100% after \$15 copay (PCP) or \$30 copay (Specialist) Elective sterilization covered at 100% after \$30 copay Implantable/injectable contraceptives covered at 100% after \$30 copay	Not covered	Counseling covered at 100% after \$20 copay (PCP) or \$40 copay (Specialist) Elective sterilization covered at 100% after \$40 copay Implantable/injectable contraceptives covered at 100% after \$40 copay	Not covered	Counseling covered at 100% after \$20 copay (PCP) or \$40 copay (Specialist) Elective sterilization covered at 100% after \$40 copay Implantable/injectable contraceptives covered at 100% after \$40 copay	Not covered
Infertility Treatment (limited to diagnosis and correction of medical condition only) Medical office visit including test and counseling	100% after \$30 copay	Not covered	100% after \$40 copay	Not covered	100% after \$40 copay	Not covered
Infertility Surgery (including In-Vitro Fertilization, Artificial Insemination, GIFT, ZIFT, etc.)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Allergy Treatment/injections without an office visit PCP-evaluation/office visit Specialist-evaluation/office visit	Covered at 100% after \$15 copay (PCP) or \$30 copay (Specialist)	70% after deductible	Covered at 100% after \$20 copay (PCP) or \$40 copay (Specialist)	60% after deductible	Covered at 100% after \$20 copay (PCP) or \$40 copay (Specialist)	70% after deductible
Home Health Care (prior notification required)	100% after \$15 copay	Maximum \$1,000 per year after deductible	100% after \$20 copay Home Health Therapy Days count towards	Maximum \$1,000 per year after deductible	100% after \$20 copay	Maximum \$1,000 per year after deductible

Miami-Dade County Public Schools

Open Access Plus (OAP) 20 and Open Access Plus (OAP) 10 - CIGNA National Network Platform

NOTE: Benefits are subject to change to comply with Federal Mental Health Parity and Enhanced Autism coverage

	Current POS Plan		OAP 20 Plan		OAP 10 Plan	
Prosthetics Devices	100% after \$100 copay per item	\$3,000 maximum after annual deductible	100% after \$100 copay	\$3,000 maximum after annual deductible	100% after \$100 copay	\$3,000 maximum after annual deductible
Durable Medical Equipment	100% after \$100 copay per item (initial purchase only)	70% after deductible	100% after \$100 copay per item (initial purchase only)	60% after deductible	100% after \$100 copay per item (initial purchase only)	70% after deductible
Audiology Screening	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Podiatry	100% after \$30 copay	70% after deductible	100% after \$40 copay	60% after deductible	100% after \$40 copay	70% after deductible
Chiropractic	100% after \$30 copay	70% after deductible	100% after \$40 copay	60% after deductible	100% after \$40 copay	70% after deductible
Dermatologist	100% after \$30 copay	70% after deductible	100% after \$40 copay	60% after deductible	100% after \$40 copay	70% after deductible
Hospice Care	100%	70% after deductible	80% after deductible	60% after deductible	90%	70% after deductible
Prescription Drugs						
Self Administered Injectables	Same as Retail/Mail benefit described below Some injectable medications require prior notification/auth and are not available through mail	70% after deductible Some injectable medications require prior notification/auth and are not available through mail	Same as Retail/Mail benefit described below Some injectable medications require prior notification/auth and are not available through mail	60% after deductible Some injectable medications require prior notification/auth and are not available through mail	Same as Retail/Mail benefit described below Some injectable medications require prior notification/auth and are not available through mail	70% after deductible Some injectable medications require prior notification/auth and are not available through mail
Retail Generic / Formulary Brand / Non-Formulary (up to 31 day supply)	100% after \$10/\$30/\$50	70% after deductible	100% after \$10/\$30/\$50	60% after deductible	100% after \$10/\$30/\$50	70% after deductible
Mail Generic / Formulary Brand / Non-Formulary (up to 90 day supply)	100% after \$20/\$60/\$100	N/A	100% after \$20/\$60/\$100	N/A	100% after \$20/\$60/\$100	N/A

UTD Collective Bargaining 10.05.09 Scenario 2

All Employees get OAP 20 Coverage for Free

Open Access Plus (OAP)

	(1) Up to \$25k Enrollment		(2) >\$25k up to \$40k Enrollment		(3) >\$40k up to \$55k Enrollment		(4) >\$55k up to \$85k Enrollment		(5) 85k+ Enrollment	
	Employee Cost Per Month		Employee Cost Per Month		Employee Cost Per Month		Employee Cost Per Month		Employee Cost Per Month	
	OAP 10	OAP 20	OAP 10	OAP 20	OAP 10	OAP 20	OAP 10	OAP 20	OAP 10	OAP 20
Employee	\$76	\$0	\$101	\$0	\$116	\$0	\$131	\$0	\$146	\$0
EE+ Spouse	\$184	\$122	\$245	\$182	\$348	\$286	\$393	\$331	\$438	\$376
EE + Child(ren)	\$152	\$90	\$202	\$140	\$290	\$228	\$328	\$265	\$365	\$303
EE + Family	\$292	\$230	\$388	\$326	\$523	\$460	\$590	\$528	\$658	\$595

D. T. V. L.
10/5/09
Van
10/5/09