

# HILLSBOROUGH COUNTY RETIREE GROUP HEALTH PLAN OPTIONS

Plan Year: January 1, 2025 - December 31, 2025

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Retiree Tier	Retiree Monthly Cost				Retiree Monthly Cost				
Retiree Only	\$820				\$960				
Retiree Plus Child(ren)	\$1,690				\$1,962				
Retiree Plus Spouse / DP	\$1,820				\$2,136				
Retiree Plus Family	\$2,498				\$2,792				
Plan Benefits	In Network <sup>(1)</sup>		Out of Network		In Network <sup>(1)</sup>		Out of Network		
HSA Employer Contribution, Employee	\$750				N/A		N/A		
HSA Employer Contribution, Employee + Family	\$1,500				N/A		N/A		
Annual Deductible (Single/Family)	Single \$2,500 <sup>(3)</sup> Family \$5,000 <sup>(3)(4)</sup>		Single \$5,000 <sup>(3)</sup> Family \$10,000 <sup>(3)(4)</sup>		Single \$1,000 Family \$2,000		Single \$2,000 Family \$4,000		
Coinsurance	10%		30%		10%		30%		
Annual Medical Out-of-Pocket Maximum	Single \$4,000	Family \$8,000	Single \$8,000	Family \$16,000	Single \$3,000	Family \$6,000	Single \$7,000	Family \$14,000	
Doctor Visit -- Primary: General, Pediatric, Family, Internal Med Providers	10% after deductible		30% of charges <sup>(2)</sup>		\$35 copay		30% of charges <sup>(2)</sup>		
Telehealth - Virtual Doctor Visit	10% after deductible				\$20 per virtual visit				
Specialist: All Other Providers	10% after deductible		30% of charges <sup>(2)</sup>		\$50 copay		30% of charges <sup>(2)</sup>		
Emergency/Urgent Care (ER copay waived if admitted)	10% after deductible		30% of charges		Hospital ER: \$300 <sup>(3)</sup> Urgent Care Center: \$75 <sup>(3)</sup>		Hospital ER: \$300 <sup>(3)</sup> Urgent Care Center: \$75 <sup>(3)</sup>		
Inpatient Hospital	10% after deductible		30% of charges <sup>(2)</sup>		10% after deductible		30% of charges <sup>(2)</sup>		
Outpatient Surgical Facility	10% after deductible		30% of charges <sup>(2)</sup>		10% after deductible		30% of charges <sup>(2)</sup> 30% of charges <sup>(2)</sup>		
Independent Labs i.e., Quest, LabCorp	10% after deductible		30% of charges <sup>(2)</sup>		\$0		30% of charges <sup>(2)</sup>		
Imaging, X-Ray & Advanced Radiology (ARI) or High Tech Imaging Facility	10% after deductible		30% of charges <sup>(2)</sup>		ARI Services, Depends on Location, Max \$300 X-Ray Services, Depends on Location, \$0 to \$75		30% of charges <sup>(2)</sup>		
Physical, Speech and Occupational Therapy (60 visit annual maximum aggregated)	10% after deductible		30% of charges <sup>(2)</sup>		Office Visit copay		30% of charges <sup>(2)</sup>		
Chiropractic Care (60 visit annual maximum aggregated)	10% after deductible		30% of charges <sup>(2)</sup>		Chiropractic Care: \$50 per visit <sup>(3)</sup>		30% of charges <sup>(2)</sup>		
Pharmacy Copays Level 1 - Generic Level 2 - Brand Level 3 - Preferred Level 4 - Specialty	10% after deductible		30% of charges <sup>(2)</sup>		<u>Retail 30 day supply</u> \$15 \$40 \$60 25%	<u>Cigna 90 Day Supply</u> \$30 \$80 \$120 25%	30% of charges <sup>(2)</sup>		
Cigna Home Delivery Pharmacy Copays Level 1 - Generic Level 2 - Brand Level 3 - Preferred	10% after deductible		30% of charges <sup>(2)</sup>		<u>3-Month/90-Day Supply</u> \$20 \$60 \$90		30% of charges <sup>(2)</sup>		
Annual Pharmacy Maximum	Included in \$4,000	Included in \$8,000	Included in \$8,000	Included in \$16,000	Single \$2,500	Family \$5,000	Single \$2,500	Family \$5,000	

(1) In-Network Benefits Paid to Any Provider listed in the Cigna Open Access Plus Directory

(3) All copays or coinsurance continue after the Plan Deductible has been met.

(2) Subject to annual deductible

(4) No benefits payable until full Family deductible is met