



## Metro Employee Use of General Hospital Under Current Benefit Plan Options

Benefits	CIGNA Choice Fund		BCBS PPO	
	Plan Provisions	Care Provided by General Hospital	Plan Provisions	Care Provided by General Hospital
<b>Initial Eligible Expenses</b>	Your first \$1,000 (single coverage) or \$2,000 (family) in eligible medical and pharmacy expenses is covered entirely by the HRA. You pay \$0.	Your first \$1,000 (single coverage) or \$2,000 (family) in eligible medical and pharmacy expenses is covered entirely by the HRA. You pay \$0.		
<b>Next Level of Eligible Expenses ("Corridor Deductible")</b>	You pay the next \$500 (single) or \$1,000 (family) in eligible medical and pharmacy expenses.	General Hospital will waive these charges -- neither you nor Metro will have to pay. You pay 100% of pharmacy expenses	You pay 20% of eligible medical expenses, plus applicable copays. Your pharmacy copays are \$10 generic, \$20 brand	General Hospital will bill BCBS for the Plan's share of your eligible expenses, and will waive your share. Neither you nor Metro will be responsible for these waived amounts. Your pharmacy copays are \$10 generic, \$20 brand
<b>After You Meet The Corridor Deductible</b>	You pay 10% of eligible medical expenses and generic drugs, 30% for brand drugs	General Hospital will bill CIGNA for the Plan's share of your eligible expenses, and will waive yours. Neither you nor Metro will be responsible for these waived amounts. You pay 10% for generic drugs and 30% for brand drugs		
<b>Eligible Medical and Pharmacy Expenses After You Meet the Applicable Out-of-pocket Maximum: \$1,000 (single) \$2,000 (family)</b>	You pay \$0	You pay \$0	You continue to pay copays for eligible medical expenses, but you no longer pay 20% coinsurance. Your pharmacy copays are \$10 generic, \$20 brand	
<b>Most you could pay in a calendar year for covered services</b>	\$1,500 (single) \$3,000 (family)  (NOTE: Expenses waived by General Hospital <i>do not count toward</i> your Corridor Deductible or Out-of-Pocket Maximum for services delivered outside of General Hospital)	For care at General Hospital, \$0, plus pharmacy copays  (NOTE: Charges for services delivered outside of General Hospital are subject to standard CIGNA plan provisions)	\$1,000 (single) \$2,000 (family), plus applicable copays  (NOTE: Expenses waived by General Hospital <i>do not count toward</i> your Deductible or Out-of-Pocket Maximum for services delivered outside of General Hospital)	For care at General Hospital, \$0 plus pharmacy copays  (NOTE: Charges for services delivered outside of General Hospital are subject to standard BCBS plan provisions)