

**CITY OF COLLEGE PARK  
HEALTH INSURANCE  
Monthly rates as of July 1, 2016**

		CONTRACT COST	CITY PAYS	EMPLOYEE PAYS (FT)
<b>CIGNA HMO</b>	<b>S</b>	\$ 730.50	\$ 617.27	\$113.24
	<b>2P</b>	\$1,461.00	\$1,234.55	\$226.46
<b>Low Option</b>	<b>F</b>	\$2,045.41	\$1,728.37	\$317.04

**\$30/\$40 Physician/Specialist co-pays  
Rx benefit subject to mandatory generic. – RX \$10/\$35/\$60  
Self-administered injectables covered at 50% to max of \$75  
\$300 co-pay for hospital admission**

<b>CIGNA HMO</b>	<b>S</b>	\$ 758.27	\$ 616.85	\$141.42
	<b>2P</b>	\$1,516.55	\$1,233.71	\$282.84
<b>High Option</b>	<b>F</b>	\$2,123.16	\$1,727.19	\$395.98

**\$20/\$30 physician/specialist co-pays – RX - \$10/\$30/\$50**

<b>CIGNA OPT-OUT</b>	<b>S</b>	\$ 796.19	\$ 613.07	\$183.12
	<b>2P</b>	\$1,592.36	\$1,226.12	\$366.24
<b>Open Access</b>	<b>F</b>	\$2,229.32	\$1,716.58	\$512.74

**\$20/\$30 physician/specialist co-pays - RX - \$10/\$30/\$50**

**ALL PLANS HAVE:**

- ✓ **DEDUCTIBLE OF \$250 for Single coverage and \$500 for 2-person and family coverage for High and Opt Out plans. Low Plan deductible is \$300 for Single coverage and \$600 for 2-person and family.**
- ✓ **\$200 Co-pay for Emergency Room (which is waived if admitted to hospital).**
- ✓ **\$50 Co-pay for Urgent Care**

**CITY OF COLLEGE PARK  
DENTAL AND VISION INSURANCES**  
Monthly rates as of July 1, 2016

		<b>CONTRACT COST</b>	<b>CITY PAYS 80%</b>	<b>EMPLOYEE PAYS (FT) 20%</b>
<b>METLIFE</b>	S	\$ 33.85	\$27.08	\$ 6.78
	2P	\$ 67.10	\$53.68	\$13.42
	F	\$122.28	\$97.82	\$24.46
<b>DOMINION (formerly DentaQuest)</b>	S	\$20.30	\$16.24	\$4.06
	2P	\$38.40	\$30.72	\$7.68
	F	\$49.38	\$39.50	\$9.88
<b>AMERITAS Vision – VSP or EyeMed</b>	S	\$ 9.20	\$ 7.36	\$1.84
	2P	\$17.04	\$13.64	\$3.40
	F	\$23.76	\$19.00	\$4.76