

 ROARING FORK SCHOOLS	RFSD \$4000 PPO	
	In-Network (Cigna)	Out-of-Network
Referral Required?	NO	NO
Deductible- Individual/Family	Individual \$4,000 Family \$8,000	Individual \$12,000 Family \$24,000
Coinsurance	Plan pays 80% Member pays 20%	Plan pays 50% Member pays 50%
Out of Pocket Maximum (OOP)	Individual \$6,000 Family \$12,000	Individual \$15,000 Family \$30,000
Routine/Preventive	\$0	
Primary Care	\$0	Deductible, 50%
Specialty Consult	\$0	Deductible, 50%
Urgent Care	\$0	Deductible, 50%
Mental Health	\$0	Deductible, 50%
Labs/Bloodwork	\$0	Deductible, 50%
X-Rays	\$0	Deductible, 50%
Chiropractor (CICN)	\$30	Deductible, 50%
Massage Therapy (CICN)	\$30	Deductible, 50%
Physical Therapy (CICN)	\$30	Deductible, 50%
Acupuncture Therapy (CICN)	\$30	Deductible, 50%
Inpatient Hospital	Deductible, 20%	Deductible, 50%
Outpatient	Deductible, 20%	Deductible, 50%
Surgery	Deductible, 20%	Deductible, 50%
Emergency Room	Deductible, 20%	Deductible, 50%
Advanced Imaging	Deductible, 20%	Deductible, 50%
Prescription Drugs	(Tier 1-4) \$0 / \$25 / \$50 / \$125	


Employee Only	\$0.00
Employee Spouse	\$740.00
Employee Child(ren)	\$628.00
Family	\$1,179.00

 ROARING FORK SCHOOLS	RFSD \$5000 PPO
	In-Network (Cigna)
Referral Required?	NO
Deductible- Individual/Family	Individual \$5,000 Family \$10,000
Coinsurance	Plan pays 80% Member pays 20%
Out of Pocket Maximum (OOP)	Individual \$7,000 Family \$14,000
Routine/Preventive	\$0
Primary Care	\$0
Specialty Consult	\$0
Urgent Care	\$0
Mental Health	\$0
Labs/Bloodwork	\$0
X-Rays	\$0
Chiropractor (CICN)	\$30
Massage Therapy (CICN)	\$30
Physical Therapy (CICN)	\$30
Acupuncture Therapy (CICN)	\$30
Inpatient Hospital	Deductible, 20%
Outpatient	Deductible, 20%
Surgery	Deductible, 20%
Emergency Room	Deductible, 20%
Advanced Imaging	Deductible, 20%
Prescription Drugs	(Tier 1-4) \$0 / \$25 / \$50 / \$125

Employee Only	\$0.00
Employee Spouse	\$635.00
Employee Child(ren)	\$516.00
Family	\$1,015.00

	RFSD \$6,500 PPO HSA	
	In-Network (Cigna)	Out-of-Network
Referral Required?	NO	NO
Deductible- Individual/Family	Individual \$6,500 Family \$13,000	Individual \$20,500 Family \$41,000
Coinsurance	Plan pays 100% Member pays 0%	Plan pays 50% Member pays 50%
Out of Pocket Maximum (OOP)	Individual \$6,500 Family \$13,000	Individual \$20,500 Family \$41,000
Routine/Preventive	\$0	
Primary Care	Deductible, 0%	Deductible, 50%
Specialty Consult	Deductible, 0%	Deductible, 50%
Urgent Care	Deductible, 0%	Deductible, 50%
Mental Health	Deductible, 0%	Deductible, 50%
Labs/Bloodwork	Deductible, 0%	Deductible, 50%
X-Rays	Deductible, 0%	Deductible, 50%
Chiropractor (CICN)	Deductible, 0%	Deductible, 50%
Massage Therapy (CICN)	Deductible, 0%	Deductible, 50%
Physical Therapy (CICN)	Deductible, 0%	Deductible, 50%
Acupuncture Therapy (CICN)	Deductible, 0%	Deductible, 50%
Inpatient Hospital	Deductible, 0%	Deductible, 50%
Outpatient	Deductible, 0%	Deductible, 50%
Surgery	Deductible, 0%	Deductible, 50%
Emergency Room	Deductible, 0%	Deductible, 50%
Advanced Imaging	Deductible, 0%	Deductible, 50%
Prescription Drugs	Deductible, 0%	Deductible, 50%

Employee Only	\$0.00
Employee Spouse	\$635.00
Employee Child(ren)	\$516.00
Family	\$1,015.00

	RFSD \$3000 PPO	
	In-Network (Cigna)	Out-of-Network
Referral Required?	NO	NO
Deductible- Individual/Family	Individual \$3,000 Family \$6,000	Individual \$12,000 Family \$24,000
Coinsurance	Plan pays 80% Member pays 20%	Plan pays 50% Member pays 50%
Out of Pocket Maximum (OOP)	Individual \$5,000 Family \$10,000	Individual \$15,000 Family \$30,000
Routine/Preventive	\$0	
Primary Care	\$0	
Specialty Consult	\$0	Deductible, 50%
Urgent Care	\$0	Deductible, 50%
Mental Health	\$0	Deductible, 50%
Labs/Bloodwork	\$0	Deductible, 50%
X-Rays	\$0	Deductible, 50%
Chiropractor (CICN)	\$30	Deductible, 50%
Massage Therapy (CICN)	\$30	Deductible, 50%
Physical Therapy (CICN)	\$30	Deductible, 50%
Acupuncture Therapy (CICN)	\$30	Deductible, 50%
Inpatient Hospital	Deductible, 20%	Deductible, 50%
Outpatient	Deductible, 20%	Deductible, 50%
Surgery	Deductible, 20%	Deductible, 50%
Emergency Room	Deductible, 20%	
Advanced Imaging	Deductible, 20%	Deductible, 50%
Prescription Drugs	(Tier 1-4) \$0 / \$25 / \$50 / \$125	

Employee Only	\$141.00
Employee Spouse	\$1,100.00
Employee Child(ren)	\$850.00
Family	\$1,565.00