



2021 EMPLOYEE MONTHLY RATES

H

R

@

C

o

l

b

y



OPEN ACCESS PLUS (350)

ANNUAL SALARY	EMPLOYEE ONLY	EMPLOYEE + 1	EMPLOYEE + FAMILY
Under \$38,500	\$26.00	\$206.00	\$273.00
\$38,500 to \$78,499	\$51.00	\$290.00	\$392.00
\$78,500 and Over	\$77.00	\$383.00	\$494.00

OPEN ACCESS PLUS (500)

ANNUAL SALARY	EMPLOYEE ONLY	EMPLOYEE + 1	EMPLOYEE + FAMILY
Under \$38,500	\$21.00	\$179.00	\$242.00
\$38,500 to \$78,499	\$42.00	\$251.00	\$348.00
\$78,500 and Over	\$63.00	\$313.00	\$419.00

CHOICE FUND – HEALTH SAVINGS ACCOUNT (HSA)

ANNUAL SALARY	EMPLOYEE ONLY	EMPLOYEE + 1	EMPLOYEE + FAMILY
Under \$38,500	\$14.00	\$120.00	\$180.00
\$38,500 to \$78,499	\$23.00	\$175.00	\$275.00
\$78,500 and Over	\$36.00	\$250.00	\$350.00

Colby monthly contributions to HSA's include \$84.00 for employee only and \$167.00 for employee plus dependent(s).

CIGNA PLAN COMPARISON

January 1, 2021 – December 31, 2021

	OAP (350)		OAP (500)		CHOICE FUND (HSA)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Eligibility:						
Dependent Children	to age 26		to age 26		to age 26	
Benefits:						
Deductible	\$350 Indv / \$700 Fam	\$700 Indv / \$1,400 Fam	\$500 Indv / \$1,000 Fam	\$700 Indv / \$1,400 Fam	\$1,500 Indv / \$3,000 Fam	\$3,000 Indv / \$6,000
Coinsurance	90/10%	70/30%	80/20%	60/40%	80/20%	60/40%
Maximum Out-of-Pocket	\$1,750 Indv / \$3,500 Fam	\$3,500 Indv / \$7,000 Fam	\$2,000 Indv / \$4,000 Fam		\$3,000 Indv / \$6,000 Fam	\$6,000 Indv / \$12,000
Rx Out-of-Pocket	\$5,100 Indv / \$10,200 Fam		\$4,850 Indv / \$9,700 Fam		Not Applicable	
Lifetime Maximum	None		None		None	
Preventive & Outpatient Care:						
Preventive Care Office Visit	100%	Deductible & 20%	100%	Deductible & 20%	100%	Not covered
Sick Office Visit	\$30 copay (\$35 Spec.)	Deductible & 20%	\$25 copay (\$30 Spec.)	Deductible & 20%	Deductible & Coinsurance	
Routine Eye Exam	\$20 copay (every 24 months)	Up to \$45 (every 24 months)	Not covered		Not covered	
Lab/X-Ray	Deductible & Coinsurance		Deductible & Coinsurance		Ded & Coins (100% Preventive)	Deductible & 40%
CT/MRI/PET Scans	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & Coinsurance	
PT/OT/ST	\$35 copay	Deductible & 20%	\$30 copay	Deductible & 20%	Deductible & Coinsurance	
Chiropractic Care	\$35 copay	Deductible & 20%	\$30 copay	Deductible & 20%	Deductible & Coinsurance	
Outpatient Surgery	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & Coinsurance	
Inpatient Care:						
Hospitalization	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & Coinsurance	
Physician Visit	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & Coinsurance	
Surgery	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & Coinsurance	
Prescription Drugs:						
Preventive Drugs Subject to Deductible	No (listed drugs covered at 100%)		No (listed drugs covered at 100%)		No (listed drugs covered at 100%)	
Generic	\$10 copay	No coverage	\$10 copay	No coverage	Deductible & 10% Coinsurance	
Preferred Brand Name	\$30 copay	No coverage	\$25 copay	No coverage	Deductible & 20% Coinsurance	
Non-Preferred Brand Name	\$50 copay	No coverage	\$40 copay	No coverage	Deductible & 30% Coinsurance	
Mail Order 90-Day Supply	2 copays	No coverage	2 copays	No coverage	Deductible & 10%/20%/30%	
Maternity Care						
Prenatal & Postpartum Care	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & Coinsurance	
Hospital Services for Mother & Newborn	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & Coinsurance	
Mental Health Services:						
Inpatient Services	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & Coinsurance	
Outpatient Services	\$35 copay	Deductible & 20%	\$30 copay	Deductible & 20%	Deductible & Coinsurance	
Substance Services:						
Inpatient	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & Coinsurance	
Outpatient	\$35 copay	Deductible & 20%	\$30 copay	Deductible & 20%	Deductible & Coinsurance	
Emergency Care:						
Ambulance	Deductible & 10% Coinsurance		Deductible & 20% Coinsurance		Deductible & 20% Coinsurance	
Emergency Room	Deductible & 10% Coinsurance		Deductible & 20% Coinsurance		Deductible & 20% Coinsurance	