



Medical Plans Summary (January 01, 2021 - December 31, 2021)

Types of Coverage		Silver PPO Plan		Copper PPO Plan		CDHP Plan	
		In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Deductible	Employee	\$3,000	\$9,000	\$3,500	\$7,000	\$4,500	\$9,000
	Family	\$6,000	\$18,000	\$7,000	\$14,000	\$9,000	\$18,000
Out-of-Pocket Limit (including deductible)	Employee	\$6,350	\$19,000	\$6,200	\$12,400	\$6,650	\$13,300
	Family	\$12,700	\$38,000	\$12,400	\$24,800	\$13,300	\$26,600
Coinsurance (After Deductible)		30%	50%	30%	50%	30%	50%
Emergency Room		\$750 copay		30% after Deductible		30% after Deductible	
Physician Visit	Primary Care [Tier 1]	\$40 copay	50% after Ded.	\$60 copay	50% after Ded.	30% after Ded.	50% after Ded.
	Specialist [Tier 1]	\$80 copay	50% after Ded.	\$120 copay	50% after Ded.	30% after Ded.	50% after Ded.
	Primary Care [Non-Tier 1]	\$80 copay	50% after Ded.	\$100 copay	50% after Ded.	30% after Ded.	50% after Ded.
	Specialist [Non-Tier 1]	\$120 copay	50% after Ded.	\$160 copay	50% after Ded.	30% after Ded.	50% after Ded.
Hospital	Inpatient	30% after Ded.	50% after Ded.	30% after Ded.	50% after Ded.	30% after Ded.	50% after Ded.
	Outpatient	30% after Ded.	50% after Ded.	30% after Ded.	50% after Ded.	30% after Ded.	Prior Auth. Is req.
Prescription Drugs							
Retail	Tier 1	\$10		30% after Deductible		30% after Deductible	
	Tier 2	30% [\$40 min. & \$80 max.]		30% after Deductible		30% after Deductible	
	Tier 3	30% [\$75 min. & \$150 max.]		30% after Deductible		30% after Deductible	
	Tier 4	30% [\$125 min. & \$250 max.]		30% after Deductible		30% after Deductible	
Mail	Tier 1	\$20		30% after Deductible		30% after Deductible	
	Tier 2	30% [\$80 min. & \$160 max.]		30% after Deductible		30% after Deductible	
	Tier 3	30% [\$150 min. & \$300 max.]		30% after Deductible		30% after Deductible	
	Tier 4	30% [\$250 min. & \$500 max.]		30% after Deductible		30% after Deductible	
Vision (Embedded in the Medical Plan: Different from the Stand Alone Vision Insurance)							
Benefits are limited as follows: 1 exam every 2 years		100% after \$40 co-pay per visit	50% after Ded. has been met	30% after Ded. has been met	50% after Ded. has been met	30% after Ded. has been met	50% after Ded. has been met

This document is a brief overview of the Medical Plans. Download the Summary Plan Description documents located at myCPTHR.com for full details.



Full-Time (40 Hours per Week)

Effective January 01, 2021 through December 31, 2021

Medical Plan Tier	Semi-Monthly Rates
Silver PPO Plan	
Employee	\$144.75
Employee + Spouse	\$360.39
Employee + Child(ren)	\$334.65
Family	\$540.59
Copper PPO Plan	
Employee	\$126.54
Employee + Spouse	\$310.66
Employee + Child(ren)	\$282.82
Family	\$466.00
CDHP with Optional HSA Plan	
Employee	\$53.55
Employee + Spouse	\$265.33
Employee + Child(ren)	\$246.38
Family	\$398.00

Vision Plan Semi-Monthly Rates	
Employee	\$2.12
Employee + Spouse	\$3.32
Employee + Child(ren)	\$3.38
Family	\$5.34