intuit Benefits

FY 2022 Plan Snapshot

This is a snapshot of how the medical, dental and vision plans work. For a complete list of covered services, see the Summary Plan Descriptions (SPDs).

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Summary of medical benefits

	Cigna Choice Fund with HSA Plan	Cigna Managed Network Plan	UHC Network Plan	Kaiser (California)
Full-Time Employee Biweekly Paycheck Deduction				
Includes Tobacco-Free Credits *(Does not include spousal surcharge)*				North / South
Employee only	$14.50	$15.00	$16.00	$15.50 / $12.00
Employee + spouse/DP	$79.50	$83.00	$93.00	$95.50 / $74.00
Employee + children	$58.50	$61.00	$67.00	$79.00 / $61.00
Employee + family	$101.00	$105.50	$118.00	$122.50 / $95.00
Spousal Surcharge	You pay a $100 spouse/domestic partner surcharge per paycheck if you choose to cover your working spouse or domestic partner when he or she is eligible for coverage elsewhere.			
Plan Features				
Provider Network	Cigna Open Access Plus network; use any in-network or out-of-network provider	Use any provider in the Open Access Plus network, but pay less when you use Tier 1 specialists; out-of-network services not covered unless specified	UnitedHealthcare Choice network and Harvard Pilgrim network; out-of-network services not covered unless specified	Kaiser Permanente doctors and facilities only; out-of-network services not covered unless specified
Plan-Year Deductible (August 1–July 31)	*In-Network:* Individual: $1,400 Family: $2,800 *Out-of-Network:* Individual: $2,500 Family: $5,000 Includes prescription drugs	No deductible	No deductible	No deductible
Intuit's HSA Contribution *(if applicable)*	**Salary less than $80,000** Individual: $1,000 Family: $2,000 **Salary $80,000 or more** Individual: $750 Family: $1,500	N/A	N/A	N/A
Coinsurance	***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% of UCR[1]	Plan pays 100%	Plan pays 100%	Plan pays 100%
Plan-Year Out-of-Pocket Maximum *("Family" refers to two or more people)*	*In-Network:* Individual: $2,600 Family: $5,200 *Out-of-Network:* Individual: $2,600 Family: $5,200 Includes deductibles, coinsurance and prescription drugs	Individual: $2,000 Family: $6,000 Includes your medical copays, but does not include non-compliance penalties	Individual: $2,000 Family: $6,000 Includes your medical copays	Individual: $1,500 Family: $3,000 Includes your medical and pharmacy copays
Physician Services				
Preventive Exams *(such as routine physicals, immunizations, annual ob-gyn exams and one mammogram per year for women starting at age 40)*	*In-Network:* Plan pays 100% *Out-of-Network:* Plan pays 70% of UCR[1] after deductible; guidelines apply; call Cigna for details	Plan pays 100%; guidelines apply; call Cigna for details	Plan pays 100%; guidelines apply; call UHC for details	Plan pays 100%; guidelines apply; call Kaiser for details
Well-Baby/Well-Child Care *(includes immunizations)*	*In-Network:* Plan pays 100% *Out-of-Network:* Plan pays 70% of UCR[1] after deductible	Plan pays 100%	Plan pays 100%	Plan pays 100%
Telemedicine	*Board-certified doctors are available 24/7 by phone or secure video to diagnose conditions and prescribe medicine. Use Teladoc for primary care (full-time employees only) allergies, asthma, bronchitis, cold and flu, pinkeye, back pain, nutrition services, smoking cessation and dermatology issues.*			
	No cost to you	No cost to you	No cost to you	No cost to you through Kaiser providers
Virtual Primary Care *(employees and dependents age 18 and older)*	*In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% of UCR[1]	PCP: $20 copay	PCP: $15 copay	No cost to you through Kaiser providers
Doctor's Office Visit	***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% of UCR[1]	PCP: $20 copay Tier 1[2] specialist: $30 copay Non-Tier 1[2] specialist: $40 copay	PCP: $15 copay Specialist: $30 copay	PCP: $20 copay Specialist: $20 copay
Non-Hospital X-Ray & Lab Services	***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% of UCR[1]	Plan pays 100%; copays apply for services rendered in a physician's office	Plan pays 100%; copays apply for services rendered in a physician's office	Plan pays 100%

	Cigna Choice Fund with HSA Plan	Cigna Managed Network Plan	UHC Network Plan	Kaiser (California)
Urgent Care & Emergency Room				
Urgent Care	***After Deductible:*** *In- and Out-of-Network:* Plan pays 90%	You pay $40 copay	You pay $40 copay	You pay $20 copay
Emergency Room	***After Deductible:*** *In- and Out-of-Network:* Plan pays 90%; only covered for true emergencies	You pay $250 copay (waived if admitted); only covered for true emergencies	You pay $250 copay (waived if admitted); only covered for true emergencies	You pay $100 copay (waived if admitted)
Ambulance	***After Deductible:*** *In- and Out-of-Network:* Plan pays 90%; only covered for true emergencies	Plan pays 100%; only covered for true emergencies	Plan pays 100%; only covered for true emergencies	You pay $50 per trip
Surgery				
Inpatient Surgery	***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% of UCR[1]	Plan pays 100% after you pay $200 facility copay per admission	Plan pays 100% after you pay $150 hospital copay per admission	Plan pays 100% after you pay $100 hospital copay per admission
Outpatient Surgery	***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% of UCR[1]	Plan pays 100% after you pay $100 facility copay per visit	Plan pays 100% after you pay $30 facility copay per visit	Plan pays 100% after you pay $20 copay per procedure
Mental Health & Substance Abuse Therapy				
Telemedicine	Plan pays 100%	Plan pays 100%	Plan pays 100%	No cost to you through Kaiser providers
	Teladoc licensed therapists and psychiatrists available 24/7 by phone or secure video for counseling related to stress, anxiety, depression, addiction and abuse. Available to employees and covered family members age 13 and older.			
Inpatient Care	***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% of UCR[1]; you pay less when you use Cigna's Substance Abuse Centers of Excellence	Plan pays 100% after you pay $200 copay per admission; you pay less when you use Cigna's Substance Abuse Centers of Excellence	Plan pays 100% after you pay $150 copay per admission	Plan pays 100% after you pay $100 copay per admission
Outpatient Care	***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% of UCR[1]; you pay less when you use Cigna's Substance Abuse Centers of Excellence	Plan pays 100% after you pay $30 copay for office visits; you pay less when you use Cigna's Substance Abuse Centers of Excellence	Plan pays 100% after you pay $15 copay[4]	*Mental Health:* Individual session: You pay $20 copay Group session: You pay $10 copay *Substance Abuse:* Individual session: You pay $20 copay Group session: You pay $5 copay
Other Services				
Elective Egg Freezing *Cryopreservation, storage and thawing*	***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70%; limited to infertility $30,000 lifetime medical/$7,500 for prescriptions (through CVS Caremark)	You pay $30 for Tier 1[2] specialist or $40 for non-Tier 1[2] specialist per visit; limited to infertility $30,000 lifetime medical/ $7,500 for prescriptions	You pay $30 specialist copay; limited to infertility $30,000 lifetime medical/ $7,500 for prescriptions	Not covered
Infertility	Testing and treatment for underlying conditions, testing to determine cause of infertility, procedures to restore fertility; includes artificial insemination, in vitro, GIFT and ZIFT	Testing and treatment for underlying conditions, testing to determine cause of infertility, procedures to restore fertility; includes artificial insemination, in vitro, GIFT and ZIFT	Testing and treatment for underlying conditions, testing to determine cause of infertility, procedures to restore fertility; includes artificial insemination (6 visit limit), in vitro, GIFT and ZIFT	
	After Deductible: *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% of UCR[1]; limited to $30,000 lifetime maximum for medical and $7,500 for prescriptions (through CVS Caremark)	You pay $30 for Tier 1[2] specialist or $40 for non-Tier 1[2] specialist per visit; limited to $30,000 lifetime maximum for medical and $7,500 for prescriptions (through CVS Caremark)	You pay $30 specialist copay; limited to $30,000 lifetime maximum for medical and $7,500 for prescriptions (through CVS Caremark)	You pay $20 copay per visit for outpatient services; $100 copay per admission for inpatient services; limitations apply; check with Kaiser for more details on covered services
Physical, Speech & Occupational Therapy	***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% of UCR[1]	Up to 60 visits per year[3]; you pay $40 for specialist per visit	Up to 60 visits per year[4]; you pay $30 copay per visit. For mental health-related visits, plan pays 100% (unlimited visits).	You pay $20 copay per visit; physical therapy and speech therapy require authorization by your doctor

	Cigna Choice Fund with HSA Plan	Cigna Managed Network Plan	UHC Network Plan	Kaiser (California)
Other Services (continued)				
Applied Behavioral Analysis (ABA) Therapy	***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% of UCR[1]	Plan pays 100%	Plan pays 100%	You pay $20 copay per visit; requires authorization by your doctor
Music & Equine Therapy	***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% of UCR[1]	You pay $40 copay per visit	You pay $0 copay per visit	Not covered
Acupuncture	Up to 30 visits per year, combined in-network and out-of-network ***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% of UCR[1]	Up to 20 visits per year; you pay $20 copay for PCP or $40 copay for specialist	Up to 30 visits per year; you pay $30 copay per visit	You pay $20 copay per visit; limitations apply—check with plan administrator
Chiropractic Care	Up to 30 visits per year, combined in-network and out-of-network ***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% of UCR[1]	Up to 20 visits per year; you pay $20 copay for PCP or $40 copay for specialist	Up to 30 visits per year; you pay $30 copay per visit	Up to 20 visits per year; you pay $15 copay per visit
Nutritionists *(If you have a chronic condition, all plans pay 100% for unlimited visits with a registered and licensed dietician or nutritionist.)*	Up to 5 visits per year with a registered and licensed dietician or nutritionist (covered in-network and out-of-network) ***After Deductible:*** *In-Network:* Plan pays 90% *Out-of-Network:* Plan pays 70% of UCR[1]	Up to 5 visits per year with a registered and licensed dietician or nutritionist You pay $40 copay per visit (covered in-network and out-of-network)	Up to 5 visits per year with a registered and licensed dietician or nutritionist You pay $30 copay per visit (covered in-network and out-of-network)	Not covered
Prescription Drugs				
Provider	CVS Caremark: **caremark.com** 1-888-797-8890			Kaiser Pharmacy or Mail Order Only
Annual Out-of-Pocket Maximum	Prescription amounts count toward medical plan out-of-pocket maximum	Individual: $4,100 Family: $6,200	Individual: $4,100 Family: $6,200	Prescription copays count toward medical plan out-of-pocket maximum
Generic	***After Deductible:*** *Retail:* You pay $5 or less for 30-day supply[5] *Mail Order:* You pay $10 for 90-day supply	*Retail:* You pay $5 or less for 30-day supply[5] *Mail Order:* You pay $10 for 90-day supply	*Retail:* You pay $5 or less for 30-day supply[5] *Mail Order:* You pay $10 for 90-day supply	*Retail:* You pay $10 at Kaiser pharmacy for up to 30-day supply *Mail Order:* You pay $20 for up to 100-day supply
Preferred Brand Name	***After Deductible:*** *Retail:* You pay 10% ($15 minimum) for 30-day supply[5] *Mail Order:* You pay 10% ($30 minimum) for 90-day supply	*Retail:* You pay 30% ($30 minimum/$90 maximum) for 30-day supply[5] *Mail Order:* You pay 30% ($60 minimum/$180 maximum) for 90-day supply	*Retail:* You pay $30 for 30-day supply[5] *Mail Order:* You pay $60 for 90-day supply	*Retail:* You pay $20 at Kaiser pharmacy for up to 30-day supply *Mail Order:* You pay $40 for up to 100-day supply
Non-Preferred Brand Name	***After Deductible:*** *Retail:* You pay 10% ($30 minimum) for 30-day supply[5] *Mail Order:* You pay 10% ($60 minimum) for 90-day supply	*Retail:* You pay 50% ($50 minimum/$150 maximum) for 30-day supply[5] *Mail Order:* You pay 50% ($100 minimum/$300 maximum) for 90-day supply	*Retail:* You pay $60 for 30-day supply[5] *Mail Order:* You pay $120 for up to 90-day supply	*Retail:* You pay $20 at Kaiser pharmacy for up to 30-day supply *Mail Order:* You pay $40 for up to 100-day supply

[1] A fee is considered to be usual, customary and reasonable (UCR) if it falls within the parameters of the average or commonly charged fee for the particular service within a specific community.

[2] You pay less when you use Tier 1 specialists. Contact Cigna for details.

[3] Visit limit will not apply to treatment of mental health and substance use disorder conditions.

[4] Some services, such as outpatient detox, covered at 100% with no copay.

[5] After two retail fills of maintenance medications, you must go through mail order or use a CVS pharmacy and fill a 90-day supply. Otherwise, a penalty copay is charged ($15 for generic, $20 for preferred brand name and $40 for non-preferred brand name). Specialty medications must be filled through a CVS Specialty Pharmacy and have a 30-day limit.

Summary of dental benefits

	Aetna PPO Dental Plan		Aetna Dental Maintenance Organization (DMO) Plan
Biweekly Paycheck Deduction for Full-Time Employees	Employee only: $6 Employee + spouse/DP: $20 Employee + children: $15 Employee + family: $23		Employee only: $2 Employee + spouse/DP: $6 Employee + children: $5 Employee + family: $7
Plan Features	**In-Network**	**Out-of-Network***	**In-Network Only**
Provider Network	Use any Aetna PPO network dentist, specialist or orthodontist who has agreed to charge Aetna's negotiated rates for services.		You must see an Aetna DMO dentist. When you enroll, you will select and use a primary care dentist (PCD).
Plan-Year Deductible (August 1–July 31)	Individual: $25 Family: $50	Individual: $50 Family: $150	None
Plan-Year Maximum**	$2,500	$2,000	None
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%
Basic Care	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 100%
Major Care	Plan pays 60% after deductible	Plan pays 50% after deductible	Plan pays 60%
Orthodontia	Plan pays 60%, up to $3,000 lifetime maximum	Plan pays 50%, up to $1,500 lifetime maximum	Plan pays 50%, up to 24-month lifetime maximum for comprehensive treatment and maintenance

* Out-of-network services are covered at usual, customary and reasonable (UCR) rates.
** Comprehensive plan-year maximum applies only to basic and major care.

Summary of vision benefits

	VSP Provider	Non-VSP Provider
Biweekly Paycheck Deduction for Full-Time Employees	Employee only: $5 Employee + spouse/DP: $14 Employee + children: $11 Employee + family: $17	
Plan Features	Benefits are available on a rolling 12-month schedule, so you'll be eligible for a benefit 12 months after you last received it.	
Exam	$10 copay $20 copay for services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD); retinal screening for eligible members with diabetes	$50 reimbursement
Prescription Glasses	$10 copay* *Frames:* $200 limit on frames (first pair) *Lenses:* Single vision, lined bifocal, lined trifocal	*Frames:* $70 reimbursement *Lenses:* $50 single vision, $75 lined bifocal, $100 lined trifocal reimbursement
Contact Lenses	$60 copay for contact exam; up to $300 allowance for materials*	$105 reimbursement
Computer Glasses (for employees only)	$10 copay; every 12 months; up to a $180 limit on frames	N/A
Laser Vision Care	$0 copay; $1,500 total allowance; once per lifetime	N/A

* The plan includes either frames and lenses **or** contact lenses once every 12 months.

This is intended to be a high-level summary of benefits. Please refer to the Summary Plan Description (SPD) for detailed benefit information. If there is a discrepancy with any information herein provided, the provisions of the appropriate SPD will prevail.