

CIGNA OAP HDHP W/ HSA

	In-Network	Out-of-Network
Annual Deductible		
Individual	\$1,600	\$1,600
Family	\$3,200	\$3,200 (Combined with in-network)
Annual Out-of-Pocket Maximum		
Individual	\$3,000	\$3,000
Family	\$6,000	\$6,000 (Combined with in-network)
Preventive Care	No charge	You pay 30% after deductible
Primary Provider	You pay 10% after deductible	You pay 30% after deductible
Specialist	You pay 10% after deductible	You pay 30% after deductible
Cigna Telehealth Services	You pay 10% after deductible	Not covered
Infertility Coverage - Office Visit	You pay 10% after deductible	You pay 30% after deductible
Lifetime Maximum	2 Kindbody Cycles	\$1,000
Diagnostic lab and X-ray	You pay 10% after deductible	You pay 30% after deductible
Mental health		
Outpatient - Physician's Office	You pay 10% after deductible	You pay 10% after deductible
Outpatient-Other		You pay 30% after deductible
Inpatient		
Chiropractic Care (30 visit annual maximum)	You pay 10% after deductible	You pay 30% after deductible
Emergency Room	You pay 10% after deductible	You pay 10% after deductible
Hospitalization	You pay 10% after deductible	You pay 30% after deductible
Outpatient Surgery	You pay 10% after deductible	You pay 30% after deductible
Prescription Drugs* (Pharmacy/Mail Order)	Rx copays apply after annual deductible is met	
Generic	\$10 / \$20	You pay 50% / Not covered
Preferred Brand	\$25 / \$50	You pay 50% / Not covered
Non-preferred Brand	\$40 / \$80	You pay 50% / Not covered
Number of days' supply	30 days / 90 days	30 days / N/A
Specialty drugs	\$45 copay	You pay 50%
Number of days' supply	30 days / 30 days	30 days / Not covered

*Rx is subject to deductible. Certain preventive medications are covered at no cost and not subject to deductible. Refer to Cigna plan for details.