

Open Point-of-Service (POS) Plan	Cigna Open Access Plus (OAP) Plan	
	In-Network	Out-of-Network
Annual Deductible	None	\$300 individual, \$600 family
Preventive Care		
Routine Physical Exam	\$15 copay*	Not Covered
Well Baby/Child Care	\$15 copay*	80% after deductible
Childhood Immunizations	\$15 copay	80% after deductible
Physician Services		
Physician Office Visit	\$15 copay	80% after deductible
Specialist Office Visit	\$20 copay	80% after deductible
Lab Work and X-rays	Covered in full	80% after deductible
Allergy Evaluations	\$15 copay	80% after deductible
Allergy Shots	Covered in full	80% after deductible
Maternity Care		
Prenatal and Postnatal Care	\$15 copay (no charge once pregnancy is confirmed*)	80% after deductible
Physician Services	Covered in full	80% after deductible
Hospital Services	Covered in full	80% after deductible
Emergency Service (when medically necessary)		
Urgent Care Centers	\$20 copay	Paid as in-network
Emergency Room	\$100 per visit (copay waived if admitted)	Paid as in-network
Emergency Physician Services	Covered in full	Paid as in-network
Emergency Ambulance	Covered in full	Paid as in-network
Hospital Services—Inpatient		
Semi-private Room	Covered in full	80% after deductible
Professional Services	Covered in full	80% after deductible
Surgical Procedures	Covered in full	80% after deductible
Specialty Care/Consultation	Covered in full	80% after deductible
Anesthesia	Covered in full	80% after deductible
Radiology and Drugs	Covered in full	80% after deductible
Intensive Care	Covered in full	80% after deductible
Coronary Care	Covered in full	80% after deductible
Hospital Services—Outpatient		
Surgical Procedures	\$20 copay	80% after deductible
Professional Fees	\$20 copay	80% after deductible
Mental Health/Substance Abuse Services		
Inpatient Days	Covered in full	80% after deductible (up to 180 days)
Outpatient Visits	\$15 copay	80% after deductible
Other Services		
Catastrophic Illness	Covered in full	Covered in full after \$1,000 out-of-pocket expenses (excluding deductible)
Durable Medical Equipment	Covered in full	80% after deductible
Home Health Care/Skilled Nursing Care	Covered in full (up to 60 visits in- and out-of-network)	80% after deductible (up to 60 visits in- and out-of-network)
Hospice Care	Covered in full	80% after deductible

*Applies to services not specifically listed in the previous preventive care charts.