

Open Point-of-Service (POS) Plan	Cigna Open Access Plus (OAP) Plan Without Preferred Care Management	
	In-Network	Out-of-Network
Annual Deductible	\$200 individual \$400 family	\$500 individual \$1,000 family
Preventive Care		
Routine Physical Exam	\$15 copay*	Not covered
Well Baby/Child Care	\$15 copay*	80%, no deductible
Childhood Immunizations	Covered in full	80%, no deductible
Physician Services		
Physician Office Visit	\$15 copay	80% after deductible
Specialist Office Visit	\$25 copay	80% after deductible
Lab Work and X-rays	Covered in full	Diagnostic: 80% after deductible Routine: not covered
Allergy Evaluations	\$15 copay each visit	80% after deductible
Allergy Shots	Covered in full	80% after deductible
Maternity Care		
Prenatal and Postnatal Care	\$25 copay first visit, covered in full after*	80% after deductible
Physician Services	Covered in full	80% after deductible
Hospital Services	Covered in full	80% after deductible
Emergency Services (when medically necessary)		
Urgent Care Centers	\$25 copay	\$25 copay, then plan pays 80%
Emergency Room	\$150 copay (waived if admitted)	\$150 copay (waived if admitted)
Emergency Physician Services	Covered in full	Covered in full
Emergency Ambulance	Covered in full	Covered in full
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	Covered in full	80% after deductible
Professional Fees	Covered in full	80% after deductible
Mental Health/Substance Abuse Services		
Inpatient Days	Covered in full	80% after deductible
Outpatient Visits	\$15 copay	80% after deductible
Other Services		
Catastrophic Illness	Covered in full	Covered in full after \$1,000 out-of-pocket expenses (excludes deductible)
Durable Medical Equipment**	Covered in full	80% after deductible
Home Health Care/ Skilled Nursing Care	Covered in full (Up to 30 visits for both in- and out-of-network)	80% after deductible
Hospice Care	Covered in full	80% after deductible

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

**Does not include diabetic supplies such as lancets, glucose strips, etc.