Health Maintenance Organization (HMO) Plans	Cigna Open Access Plus In-Network (OAPIN) HMO Plan		Kaiser Permanente HMO Plan
	With Preferred Care Management	Without Preferred Care Management	
Annual Deductible	None	None	None
Preventive Care			
Routine Physical Exam	$10 copay*	$10 copay*	Covered in full
Well Baby/Child Care	$10 copay*	$10 copay*	Covered in full (under age 5)
Childhood Immunizations	$10 copay*	$10 copay*	Covered in full (under age 5)
Physician Services			
Physician Office Visit	$10 copay	$10 copay	$10 copay
Specialist Office Visit	$15 copay	$15 copay	$15 copay
Lab Work and X-rays	Covered in full	Covered in full	Covered in full
Allergy Shots	$10 copay ($15 copay for specialist)	$10 copay ($15 copay for specialist)	$10 copay
Maternity Care			
Prenatal and Postnatal Care	$15 copay, no charge once pregnancy is confirmed*	$15 copay, no charge once pregnancy is confirmed*	$10 copay, no charge once pregnancy is confirmed*
Physician Services	Covered in full	Covered in full	Covered in full
Hospital Services	Covered in full	Covered in full	Covered in full
Emergency Services (when medically necessary)			
Urgent Care Centers	$15 copay	$15 copay	$15 copay
Emergency Room	$100 copay (waived if admitted)	$100 copay (waived if admitted)	$100 copay (waived if admitted)
Emergency Physician Services	Covered in full	Covered in full	Covered in full
Emergency Ambulance	Covered in full	Covered in full	Covered in full
Hospital Services—Inpatient			
Semi-private Room	Covered in full	Covered in full	Covered in full
Professional Services	Covered in full	Covered in full	Covered in full
Surgical Procedures	Covered in full	Covered in full	Covered in full
Specialty Care/Consultation	Covered in full	Covered in full	Covered in full
Anesthesia	Covered in full	Covered in full	Covered in full
Radiology and Drugs	Covered in full	Covered in full	Covered in full
Intensive Care	Covered in full	Covered in full	Covered in full
Coronary Care	Covered in full	Covered in full	Covered in full
Hospital Services—Outpatient			
Surgical Procedures	Covered in full	Covered in full	$15 copay
Professional Fees	$15 copay	$15 copay	Covered in full
Mental Health/Substance Abuse Services			
Inpatient Days	Covered in full	Covered in full	Covered in full
Outpatient Visits	$10 copay	$10 copay	$10 copay
Other Services			
Catastrophic Illness	Covered in full	Covered in full	Covered in full
Durable Medical Equipment	You pay 25%**	You pay 25%**	Covered in full
Home Health Care	Covered in full	Covered in full	Covered in full
Hospice Care	Covered in full	Covered in full	Covered in full
Skilled Nursing Care	Covered in full up to 100 days	Covered in full up to 100 days	Covered in full up to 100 days per contract year

**Applies to services not specifically listed in the previous preventive care charts.*
***Does not include diabetic supplies such as lancets, glucose strips, etc. See CVS Caremark Prescription for details.*