	Cigna CDHP + HSA	Cigna OAP	Kaiser HMO (CA Only)
Covered Services	**Your Cost for Covered In-Network Services**		
Preventive Care Services	No charge, deductible waived	No charge	No charge
Primary Doctor, Specialist, Telemedicine, and Mental Health Visits	10% after deductible	$20 copay	$20 copay
Lab and X-Ray	10% after deductible	10%	No charge
Urgent Care	10% after deductible	$20 copay	$20 copay
Emergency Room	10% after deductible (waived if admitted)	$250 copay (waived if admitted)	$100 copay (waived if admitted)
Inpatient Hospitalization	10% after deductible	10%	No charge
Outpatient Surgery	10% after deductible	10%	$20 copay
Acupuncture	10% after deductible (30 visits)	$20 copay (30 visits)	$15 copay (30 visits combined with chiro)
Chiropractic Care/Spinal	10% after deductible (30 visits)	$20 copay (30 visits)	$15 copay (30 visits combined with acupuncture)