

| Plan Features                                                    | Cigna CDHP + HSA                                                                                                   | Cigna OAP                                               | Kaiser HMO<br>(CA Only)                                                                |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------|
| Copay or Coinsurance?                                            | This plan features coinsurance. Once you meet your entire medical deductible, you'll pay a percentage of the cost. | This plan features copays for in-network prescriptions. | This plan features copays and only covers in-network services. There is no deductible. |
| <b>Retail</b> (30-day supply)                                    |                                                                                                                    |                                                         |                                                                                        |
| <b>Tier 1 - Generic</b>                                          | 50%                                                                                                                | 50%                                                     | Not covered                                                                            |
| <b>Tier 2 - Formulary</b><br>(preferred brand)                   | 50%                                                                                                                | 50%                                                     | Not covered                                                                            |
| <b>Tier 3 - Non-Formulary</b><br>(non-preferred brand)           | 50%                                                                                                                | 50%                                                     | Not covered                                                                            |
| <b>Mail Order</b> (Cigna: 90-day supply, Kaiser: 100-day supply) |                                                                                                                    |                                                         |                                                                                        |
| <b>Tier 1 - Generic</b>                                          | Not covered                                                                                                        | Not covered                                             | Not covered                                                                            |
| <b>Tier 2 - Formulary</b><br>(preferred brand)                   | Not covered                                                                                                        | Not covered                                             | Not covered                                                                            |
| <b>Tier 3 - Non-Formulary</b><br>(non-preferred brand)           | Not covered                                                                                                        | Not covered                                             | Not covered                                                                            |