| Not covered except in case of emergency | (in- and out-of-network combined)               | (in- and out-of-network combined)  | Maximum*<br>Individual/Family |
|---|---|--|-------------------------------|
|   | No  | Yes  | HSA Eligible                  |
|   | This plan features both coinsurance and copays. | This plan features coinsurance. Once you meet your entire deductible, you'll pay a percentage of the total service cost. | Copay or Coinsurance?         |
|   |   | meet your entire<br>deductible, you'll pay a<br>percentage of the total  | Copay or Coinsurance?         |

Cigna CDHP + HSA

\$2,000/\$4,000

(in- and out-of-network

combined)

\$4,000/\$8,000

**Plan Features** 

Annual Deductible\*

Annual Out-of-Pocket

Individual/Family

Cigna OAP

\$500/\$1,500

(in- and out-of-network

combined)

\$6,000/\$12,000

Kaiser HMO (CA

Only)