

Plan Features	Cigna OAP	
	In-Network	Out-of-Network
Annual Deductible* Individual/Family	\$250/\$750 (in- and out-of-network combined)	\$500/\$1,500 (in- and out-of-network combined)
Annual Out-of-Pocket Maximum* Individual/Family	\$3,000/\$6,000 (in- and out-of-network combined)	\$6,000/\$12,000 (in- and out-of-network combined)
HSA Eligible	No	
Copay or Coinsurance?	This plan features both coinsurance and copays. For in-network coverage, there is no deductible.	
Covered Services	Your Costs for Services	
	In-Network	Out-of-Network
Preventive Care Services	No charge	30%
Primary Doctor, Specialist, and Telemedicine	\$20 copay	30%
Mental Health Visits	\$20 copay	90% after deductible
Lab and X-Ray	10%	30%
Urgent Care	\$20 copay	\$20 copay
Emergency Room	\$250 copay (waived if admitted)	\$250 copay
Inpatient Hospitalization	10%	30%
Outpatient Surgery	10%	30%
Acupuncture	\$20 copay (30 visits)	30% { 30 visits)
Chiropractic Care/Spinal	\$20 copay (30 visits)	30% { 30 visits)

*Cigna annual deductible and out-of-pocket maximum are on a plan year basis, 8/1 through 7/31.