

Benefits at a Glance	CIGNA OAP Co-Pay Plan		CIGNA OAP 90% Co-Insurance Plan		CIGNA OAP 80% Co-Insurance Plan		Kaiser Permanente
	In Network – National	Out of Network	In Network – National	Out of Network	In Network -National	Out of Network	In Network Only - Local
Plan Contact Number	Customer Service Number: 800-244-6224 www.cigna.com or www.mycigna.com						Customer Service Number: 301-468-6000 www.kaiserpermanente.org
Primary Care Physician (PCP)	\$15 PCP co-pay; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 PCP co-pay no charge for children up to age 5
Specialty Care	\$30 Specialist co-pay; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 PCP co-pay
Annual Year Deductible	\$0	\$250 Individual \$500 Family	\$100 Individual \$200 Family	\$200 Individual \$400 Family	\$250 Individual \$500 Family	\$500 Individual \$1,000 Family	\$0
Annual Out-of-Pocket Limit	\$2,000 Individual \$4,000 Family	\$4,250 Individual \$8,500 Family	\$1,000 Individual \$2,000 Family	\$2,000 Individual \$4,000 Family	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family	\$3,500 Individual \$9,400 Family
Preventive Care - All Ages Routine Preventive Care Immunizations Mammogram, PAP, PSA Tests	Plan Pays 100%	Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% co-insurance after plan deductible is met	Plan Pays 100%	Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% co-insurance after plan deductible is met	Plan Pays 100%	Through age 17: Plan pays 60% co-insurance, no plan deductible Ages 18 and above: Plan pays 60% co-insurance after plan deductible is met	No charge
Inpatient Hospital Facility	\$200 per admission co-pay, then Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	No charge
Outpatient Facility Services	\$50 per facility visit co-pay, then Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 visit
Outpatient Professional services	Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 visit
Chiropractic Care	\$20 per visit co-pay; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$15 co-pay; Annual limit 20 visits
Hearing Aids	Plan pays 100% Maximum benefit is \$2,800 every 36 months	Plan pays 100% Maximum benefit is \$2,800 every 36 months	Plan pays 90% co-insurance no deductible Maximum benefit is \$2,800 every 36 months	Plan pays 90% co-insurance no deductible Maximum benefit is \$2,800 every 36 months	Plan pays 80% co-insurance no deductible Maximum benefit is \$2,800 every 36 months	Plan pays 80% co-insurance no deductible Maximum benefit is \$2,800 every 36 months	Covered in full to maximum. One hearing aid/ear every 36 months - \$1,000 maximum
Vision Therapy	Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after deductible is met	Plan pays 60% co-insurance after plan deductible is met	
Emergency Room	\$150 per visit (co-pay waived if admitted); then Plan pays 100%	\$150 per visit (co-pay waived if admitted); then Plan pays 100%	\$150 per visit (co-pay waived if admitted); then Plan pays 100%	\$150 per visit (co-pay waived if admitted); then Plan pays 100%	\$150 per visit (co-pay waived if admitted); then Plan pays 100%	\$150 per visit (co-pay waived if admitted); then Plan pays 100%	\$150 visit (waived if admitted other than for observation)
Urgent Care Facility	\$25 per visit (co-pay waived if admitted); then plan pays 100%	\$25 per visit (co-pay waived if admitted); then Plan pays 100%	\$25 per visit (co-pay waived if admitted); then Plan pays 100%	\$25 per visit (co-pay waived if admitted); then Plan pays 100%	\$25 per visit (co-pay waived if admitted); then Plan pays 100%	\$25 per visit (co-pay waived if admitted); then Plan pays 100%	\$10 visit
TMJ, Surgical & Non-Surgical (Physician's Office)	\$15 PCP or \$30 Specialist co-pay; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Not covered	Not covered	Not covered
Mental Health & Substance Abuse Treatment In-Patient	\$200 per admission co-pay, then Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after deductible is met	Plan pays 60% co-insurance after plan deductible is met	Inpatient – covered in full when medically necessary Outpatient: \$10 Individual visit \$5 Group visit
Annual Prescription Drug Deductible	\$50 Individual \$100 Family						\$0
Annual Prescription Drug Out-of-Pocket Limit	\$1,000 Individual \$2,000 Family						\$0
Prescription Drugs	Retail – 30 day supply \$7 co-pay - Generic 20% - Preferred Brand maximum \$50 30% - Non-Preferred Brand maximum \$100 Home delivery – 90 day supply \$0 co-pay – Generic maintenance medications; \$14 co-pay Generics non-maintenance 20% - Preferred Brand maximum \$100 30% - Non-Preferred Brand maximum \$200	Retail You pay 30% after Pharmacy deductible Home Delivery Not Covered	Retail – 30 day supply \$7 co-pay - Generic 20% - Preferred Brand maximum \$50 30% - Non-Preferred Brand maximum \$100 Home delivery – 90 day supply \$0 co-pay – Generic maintenance medications; \$14 co-pay Generics non-maintenance 20% - Preferred Brand maximum \$100 30% - Non-Preferred Brand maximum \$200	Retail You pay 30% after Pharmacy deductible Home Delivery Not Covered	Retail – 30 day supply \$7 co-pay - Generic 20% - Preferred Brand maximum \$50 30% - Non-Preferred Brand maximum \$100 Home delivery – 90 day supply \$0 co-pay – Generic maintenance medications; \$14 co-pay Generics non-maintenance 20% - Preferred Brand maximum \$100 30% - Non-Preferred Brand maximum \$200	Retail You pay 30% after Pharmacy deductible Home Delivery Not Covered	Kaiser pharmacy – 30 day supply \$10 Generic \$20 Preferred brand drugs \$35 Non-preferred brand drugs Community Pharmacy \$20 Generic \$40 Preferred brand drugs \$55 Non-preferred brand drugs Mail Order – 90 day supply \$16 Generic \$36 Preferred brand drugs \$66 Non-preferred brand drugs
Vision Care	Vision Care provided through Davis Vision						