

Benefits at a Glance	Open Access Plus – Low (OAP-Low) Managed by CIGNA HealthCare	
	In-Network	Out-of-Network
Physician Network Area	National	
Plan Contact Information	CIGNA Customer Service: 800-244-6224 Website: www.cigna.com ; www.mycigna.com	
Primary Care Physician (PCP)	Not required.	
Referrals for Specialty Care	Not required.	
Annual Deductible	\$250 individual/ \$500 family	\$500 individual/ \$1000 family
Yearly Out-of-Pocket Limit	\$1250 individual/ \$2500 family	\$3000 individual/ \$6000 family
Office Visits (PCP/ Specialist)	Covered at 90% after deductible.	Covered at 70% of plan allowance after deductible.
Preventive Care <ul style="list-style-type: none">• Children and Adults	Covered in full. Refer to benefits page on FairfaxNet for list of services.	Children through age 18: 70% of allowed benefit; no deductible. Age 18 and above: 70% of allowed benefit; after deductible. Refer to Benefits page on FairfaxNet for list of services.
Inpatient Hospital Care / Doctor's Services	Covered at 90% after deductible.	Covered at 70% of plan allowance after deductible.
Laboratory & X-Ray	Covered at 90% after deductible.	Covered at 70% of plan allowance after deductible.
Prescription Deductible <ul style="list-style-type: none">• Applies to retail and home delivery	\$50 Individual / \$100 Family	
Prescription Out-of-Pocket Max	\$1000 Individual / \$2000 Family	
Prescription Drugs	<i>Retail (up to 30-day supply):</i> \$5 copay for generic 20% for brand formulary (maximum \$50) 30% for brand non-formulary (maximum \$100) <i>Mail Order (up to 90-day supply):</i> \$10 copay for generic 20% for brand formulary (maximum \$100) 30% for brand non-formulary (maximum \$200)	<i>Retail (up to 30-day supply):</i> Not Covered <i>Mail Order (up to 90-day supply):</i> Not Covered
Maternity Care	Covered at 90% after deductible.	Covered at 70% of plan allowance after deductible.
Emergency Treatment	\$150 copay after deductible for emergency services (copay waived if admitted for treatment other than observation).	\$150 copay after deductible for emergency services (copay waived if admitted for treatment other than observation).
Urgent Care	\$25 copay after deductible (copay waived if admitted for treatment other than observation).	\$25 copay after deductible (copay waived if admitted for treatment other than observation).
Mental Health and Substance Abuse Treatment	<i>Inpatient</i> – Covered at 90% after deductible. <i>Outpatient</i> – Covered at 90% after deductible.	<i>Inpatient</i> – Covered at 70% of plan allowance after deductible. <i>Outpatient</i> – Covered at 70% of plan allowance after deductible.
Infertility Coverage	Not covered.	Not covered.
TMJ, surgical and non-surgical	Not covered.	Not covered.

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Hearing Aids <ul style="list-style-type: none"> Maximum benefit is \$2800 every 36 months (combined in-network and out-of-network). 	Covered at 90% after deductible.	Covered at 70% of allowed benefit after deductible.
Wigs <ul style="list-style-type: none"> Based on medical necessity \$350 maximum per calendar year 	Covered at 90% after deductible.	Covered at 70% of allowed benefit after deductible.
Dental Care (additional coverage available through Delta Dental plan-separate premium required)	Routine care not covered.	Routine care not covered.
Routine Vision Care	Vision benefits provided through Davis Vision.	