

	CIGNA OAP Co-Pay Plan		CIGNA OAP 90% Co-Insurance Plan		CIGNA OAP 80% Co-Insurance Plan		Kaiser Permanente HMO
	In Network - National	Out of Network	In Network - National	Out of Network	In-Network - National	Out of Network	In-Network - Local
Primary Care Physician (PCP)	\$25 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 under 5
Specialty Care	\$50 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
HSA Fund	Not eligible for Fund		Not eligible for Fund		Not eligible for Fund		Not eligible for Fund
Annual 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	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 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. Maximum 12 visits per year	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met. Maximum 12 visits per year	Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met. Maximum 12 visits per year	\$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- maximum \$1,000
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	Not covered
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 per visit (co-pay waived if admitted other than observation)
Urgent Care Facility	\$50 per visit (co-pay waived if admitted); then plan pays 100%	\$50 per visit (co-pay waived if admitted); then Plan pays 100%	\$50 per visit (co-pay waived if admitted); then Plan pays 100%	\$50 per visit (co-pay waived if admitted); then Plan pays 100%	\$50 per visit (co-pay waived if admitted); then Plan pays 100%	\$50 per visit (co-pay waived if admitted); then Plan pays 100%	\$10 visit
TMJ, Surgical and Non-Surgical (Physician's Office)	\$25 PCP or \$50 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
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-\$1- individual visit \$5 group
Annual Prescription Drug Deductible	\$50 Individual Deductible \$100 Family Deductible						Kaiser-Pharmacy – 30 day supply \$10 Generic \$20 Preferred Brand \$35 Non-preferred Brand Community Pharmacy – 30 day supply \$20 Generic \$40 Preferred Brand \$55 Non-Preferred Brand Mail Order – 90 day supply \$20 Generic \$40 Preferred Brand \$70 Non Preferred Brand
Annual Prescription Drug Out-of-Pocket Limit	\$1,500 Individual \$3,000 Family						
Diabetic Supplies and Medications are No Cost for All Plans	Retail – 30 day supply \$7 co-pay Generic 20% Preferred Brand (max. \$50) 30% Non-preferred (max. \$100) Home Delivery – 90 day supply \$0 co-pay Generic Maintenance Medications; \$14 co-pay Generics non-maintenance 20% Preferred Brand (max. \$100) 30% Non-preferred (max. \$200)	Retail – You pay 30% after Pharmacy deductible Home Delivery – Not Covered	Retail – 30 day supply \$7 co-pay Generic 20% Preferred Brand (max. \$50) 30% Non-preferred (max. \$100) Home Delivery – 90 day supply \$0 co-pay Generic Maintenance Medications; \$14 co-pay Generics non-maintenance 20% Preferred Brand (max. \$100) 30% Non-preferred (max. \$200)	Retail – You pay 30% after Pharmacy deductible Home Delivery – Not Covered	Retail – 30 day supply \$7 co-pay Generic 20% Preferred Brand (max. \$50) 30% Non-preferred (max. \$100) Home Delivery – 90 day supply \$0 co-pay Generic Maintenance Medications; \$14 co-pay Generics non-maintenance 20% Preferred Brand (max. \$100) 30% Non-preferred (max. \$200)	Retail – You pay 30% after Pharmacy deductible Home Delivery – Not Covered	