

Medical

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Open Access Plus Plan (OAP)		Cigna One Health (HMO)	HDHP with HSA	
	In-Network	Out-of-Network ¹	In-Network Only	In-Network	Out-of-Network ¹
Deductible (per plan year)					
Individual / Family	\$1,000 / \$3,000	\$1,000 / \$3,000	\$0 / \$0	\$2,000 / \$4,000	\$4,000 / \$8,000
Out-of-Pocket Maximum (per plan year)					
Individual / Family	\$3,000 / \$6,000	\$4,000 / \$12,000	\$1,500 / \$3,000	\$4,000 / \$8,000	\$6,000 / \$12,000
Company Contribution to Your Health Savings Account (HSA) (per plan year; prorated for new hires/newly eligible)					
Individual / Family	N/A		N/A	\$600 / \$1,200	
Covered Services					
Office Visits (physician/specialist)	\$25 copay	\$40 copay	\$25/\$40 copay/visit	20%*	40%*
Routine Preventive Care	No Charge	Not Covered	No Charge	No Charge	Not Covered
Outpatient Diagnostic (lab/X-ray)	20%*	40%*	No Charge	20%*	40%*
Complex Imaging	20%*	40%*	No Charge	20%*	40%*
Chiropractic	20%*, 30 visits per benefit period	40%*, 30 visits per benefit period	\$25 copay/visit	20%*, 30 visits per benefit period	40%*, 30 visits per benefit period
Ambulance	20%*		No Charge	20%*	
Emergency Room	\$150 copay		\$150 copay/visit	20%*	
Urgent Care Facility	20%*	40%*	\$25 copay/visit	20%*	40%*
Inpatient Hospital Stay	20%*	40%*	\$350 copay	20%*	40%*
Outpatient Surgery	20%*	40%*	\$150 copay	20%*	40%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4)					
Retail Pharmacy (30-day supply)	\$10 / \$50 / \$80 / \$125 deductible does not apply Out-of-Pocket Limit \$4,850 Individual/\$7,700 Family	25% deductible does not apply Out-of-Pocket Limit \$4,850 Individual/\$7,700 Family	\$10 / \$50 / \$80 / \$125 Out-of-Pocket Limit \$5,100 Individual/\$10,200 Family	20%*	25%*
Mail Order (90-day supply)	\$20 / \$100 / \$160/ N/A deductible does not apply Out-of-Pocket Limit \$4,850 Individual/\$7,700 Family	Not Covered	\$20 / \$100 / \$160 / N/A Out-of-Pocket Limit \$5,100 Individual/\$10,200 Family	20%*	Not Covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.