

2024 Medical Plans

	CIGNA Open Access Plus In-Network (OAPIN)*	CIGNA Open Access Plus (OAP)	
	In-Network	In-Network	Out-of-Network
Calendar Year Deductible (CYD)			
Per Person	\$0	\$1,000	\$1,000
Per Family (Maximum)	\$0	\$3,000	\$3,000
Out of Pocket Maximum	Medical/Prescription	Medical/Prescription	Medical/Prescription
Per Person	\$2,500/\$5,350	\$2,500/\$5,350	\$2,500/\$5,350
Per Family	\$7,500/\$9,700	\$7,500/\$9,700	\$7,500/\$9,700
Coinsurance (Member Responsibility)	0%	10%	40%
Non Hospital Services			
Primary Care Physician	\$20	10% after CYD	40% after CYD
Specialist	\$40 CCN/\$55 NonCCN	10% CCN*/20% NonCCN*	40% after CYD
Preventive Services	No Charge	No Charge	40% after CYD
Telehealth	\$20	10% after CYD	Not Covered
Laboratory Services	No Charge	10% after CYD	40% after CYD
X-Rays	No Charge	10% after CYD	40% after CYD
Advanced Imaging - CT, PET, MRI	\$250	10% after CYD [^]	40% after CYD
Urgent Care Center	\$100	10% after CYD	10% after CYD
Hospital Services			
Inpatient	\$1,000	10% after CYD	\$750 + 40% after CYD
Outpatient	\$250	10% after CYD [^]	40% after CYD
Physician Services	No Charge	10% after CYD	40% after CYD
Emergency Room	\$400	10% after CYD	10% after CYD
Prescription Drug Benefit			
Generic Drugs	\$10	\$10	40%
Formulary Drugs	\$35	\$35	40%
Non-Formulary Drugs	\$65	\$65	40%
Mail Order - 90 day supply	2x Monthly Copay	2x Monthly Copay	40%

*No Out of Network Coverage.

*Deductible Applies
[^]Subject to Pre-Authorization