

Comparing Your Medical Options

The chart below highlights some of the commonly used benefits of each plan.

Plan Features	Medical Plans		
	CIGNA OAP Plan	CIGNA PPO	
		<i>In-Network</i>	<i>Out-of-Network</i>
Plan year deductible	None	\$250 per individual \$500 per family	\$500 per individual \$1,000 per family
Plan year out-of-pocket maximum (excluding deductible)	None	\$1,500 per individual \$3,000 per family	\$5,000 per individual \$10,000 per family
Lifetime maximum	Unlimited	Unlimited	
Covered Expenses	Plan Pays		
Durable medical equipment	100%	100%*	70% of charges**
Emergency and urgent care	100% after \$20 or \$35 copay per physician office visit 100% after \$75 copay for hospital emergency room visit 100% after \$35 copay for urgent care facility	100% after \$20 or \$35 copay per physician office visit 100% after \$75 copay for hospital emergency room visit 100% after \$35 copay for urgent care facility	Paid at in-network level for true emergency; otherwise, plan pays 70% of charges**
Home health care (120 days max per plan year)	100%	90% of charges*	70% of charges**
Hospital care and surgical services (inpatient)	100% after \$200/day copay; \$600 maximum per Plan year	90%* precertification required	70% of charges** after \$200 copay per admission (pre-certification required)
Lab, X-ray and other diagnostic tests	100%; \$50 copay for high tech radiology tests, such as MRI, CAT, MRA and PET scans, obtained in an outpatient setting; limited to one copay per type of test; per place of service	90%*	70% of charges**

* Services are subject to plan year deductible.

** Services are subject to plan year deductible and reasonable and customary charge limitations.

Plan Features	Medical Plans		
	CIGNA OAP Plan	CIGNA PPO	
Maternity care services			
Initial office visit	100% after \$35 copay	100% after \$35 copay	70% of charges**
All subsequent prenatal visits	100%	100%	70% of charges**
Inpatient hospital/birthing center charges	100% after \$200/day copay; \$600 maximum per Plan year	90% of charges*	70% of charges after \$200 copay per admission**
Mental health and substance abuse treatment – Inpatient : 30 days max per plan year – Outpatient: 52 visits max per plan year	Inpatient: 100% after \$200 copay per day; \$600 maximum per Plan year Outpatient: 100% after \$35 copay	Inpatient: 90% of charges* Outpatient: 100% after \$35 copay per visit	Inpatient: 70% of charges after \$200 deductible per admission** Outpatient: 50% of charges**
Office visits (includes routine preventive care, adult/child medical care for illness or injury)	100% after \$20 copay for Primary Care Physician; 100% after \$35 copay for specialist***	100% after \$20 copay for primary doctor 100% after \$35 copay for specialist***	70% of charges** (routine preventive care is not covered)

* Services are subject to plan year deductible.

** Services are subject to plan year deductible and reasonable and customary charge limitations.

*** Office visits for physical therapy, occupational therapy, and speech therapy are not considered specialist visits. The cost of these visits matches the cost of a visit to the Primary Care Physician or primary doctor. The combination of physical, occupational and speech therapy is limited to a combined 60 visits per plan year.