

## Comparing Your Medical Options

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

Medical Plans			
Plan Features	CIGNA OAP Plan	CIGNA PPO	
		In-Network	Out-of-Network
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 \$25 or \$40 copay per physician office visit 100% after \$75 copay for hospital emergency room visit 100% after \$40 copay for urgent care facility	100% after \$25 or \$40 copay per physician office visit 100% after \$75 copay for hospital emergency room visit 100% after \$40 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)
Outpatient surgical services	100% after \$50 copay	90%*	70% of charges**
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.

Medical Plans			
Plan Features	CIGNA OAP Plan	CIGNA PPO	
<b>Maternity care services</b>			
<b>Initial office visit</b>	100% after \$25 PCP or \$40 Specialist copay	100% after \$25 PCP or \$40 copay	70% of charges**
<b>All subsequent prenatal visits</b>	100%	100%	70% of charges**
<b>Inpatient hospital/birthing center charges</b>	100% after \$200/day copay; \$600 maximum per Plan year	90% of charges*	70% of charges after \$200 copay per admission**
<b>Mental health and substance abuse treatment</b>	Professional Office Visit: 100% after \$25 copay Inpatient: 100% after \$200 copay per day; \$600 maximum per Plan year Outpatient Facility: 100%	Professional Office Visit: 100% after \$25 copay Inpatient: 90% of charges* Outpatient Facility: 90% of charges	Inpatient: 70% of charges after \$200 deductible per admission** Outpatient: 70% of charges**
<b>Office visits (routine preventive care)</b>	100%	100%	70% of charges**
<b>Office visits (adult/child medical care for illness or injury)</b>	100% after \$25 copay for Primary Care Physician; 100% after \$40 copay for specialist***	100% after \$25 copay for primary doctor 100% after \$40 copay for specialist***	70% of charges**

\* 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.

