

## 2018 CIGNA Medical Plan Summary Chart

In Network Benefits	Consumer Driven OAP Plan	Standard OAP Plan	Premium OAP Plan
Referrals Required	No	No	No
Annual Deductible	\$2,800 Individual \$5,600 Family	\$750 Individual \$1,500 Family	\$0 Individual \$0 Family
Coinsurance	100%	80%	100%
Maximum Out-of-Pocket	\$4,000 Individual \$8,000 Family	\$4,000 Individual \$8,000 Family	\$3,000 Individual \$6,000 Family
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%
Office Visits	PCP: 0% after deductible Specialist: 0% after deductible	PCP: \$35 copay Specialist: \$75 copay	PCP: \$25 copay Specialist: \$50 copay
Urgent Care	0% after deductible	\$75 copay per visit	\$50 copay per visit
Emergency Room	0% after deductible	20%, after deductible	\$250 copay per visit
Inpatient Hospital Facility	0% after deductible	20%, after deductible	\$250 per day copay up to \$1250
Outpatient Facility	0% after deductible	20%, after deductible	\$250 copay per facility
Vision (Basic)	\$10 copay	\$10 copay	\$10 copay