

Colorado Mesa University
2026 Cigna Benefit Plan Comparison



	Open Access Plus 1500		Local Plus 1500	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$1,500 Individual \$3,000 family	\$3,000 individual \$6,000 family	\$1,500 individual \$3,000 family	\$3,000 individual \$6,000 family
Out-of-Pocket Maximum (includes annual deductible)	\$9,000 individual \$18,000 family (All copayments apply toward the out-of-pocket maximum)	\$18,000 individual \$27,000 family (All copayments apply toward the out-of-pocket maximum)	\$9,000 individual \$18,000 family (All copayments apply toward the out-of-pocket maximum)	\$18,000 individual \$27,000 family (All copayments apply toward the out-of-pocket maximum)
Lifetime Maximum	No Lifetime Maximum		No Lifetime Maximum	
Office Visit PCP/Specialist	\$20 PCP copay \$50 Specialist copay	50% coinsurance after deductible	\$20 PCP copay \$50 Specialist copay	50% coinsurance after deductible
Lab-X-Ray	25% coinsurance after deductible	50% coinsurance after deductible	25% coinsurance after deductible	50% coinsurance after deductible
Scans: MRI, CAT, PET	25% coinsurance after deductible	50% coinsurance after deductible	25% coinsurance after deductible	50% coinsurance after deductible
Urgent Care	\$40 copay	50% coinsurance after deductible	\$40 copay	50% coinsurance after deductible
Emergency Care	25% coinsurance after deductible		25% coinsurance after deductible	
Inpatient Hospital	25% coinsurance after deductible	50% coinsurance after deductible	25% coinsurance after deductible	50% coinsurance after deductible
Outpatient Surgery	25% coinsurance after deductible	50% coinsurance after deductible	25% coinsurance after deductible	50% coinsurance after deductible
Chiropractic Care	25% coinsurance after deductible	50% coinsurance after deductible	25% coinsurance after deductible	50% coinsurance after deductible
Prescription Drugs Retail (31-day supply)	Tier 1: \$5 Tier 2: \$30 Tier 3: \$60 Tier 4: 30% up to \$150	Not covered	Tier 1: \$5 Tier 2: \$30 Tier 3: \$60 Tier 4: 30% up to \$150	Not covered
Mail Order (90-day supply)	2 times retail		2 times retail	

	Open Access Plus HDHP 5000 (OAP-HDHP) HSA		Local Plus HDHP 5000 (OAP-HDHP) HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$5,000 Individual \$10,000 family	\$10,000 individual \$20,000 family	\$5,000 individual \$10,000 family	\$10,000 individual \$20,000 family
Out-of-Pocket Maximum (includes annual deductible)	\$5,000 individual \$10,000 family	\$10,000 individual \$20,000 family	\$5,000 individual \$10,000 family	\$10,000 individual \$20,000 family
Lifetime Maximum	No Lifetime Maximum		No Lifetime Maximum	
Office Visit PCP/Specialist	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible	50% coinsurance after deductible
Lab-X-Ray	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible	50% coinsurance after deductible
Scans: MRI, CAT, PET	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible	50% coinsurance after deductible
Urgent Care	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible	50% coinsurance after deductible
Emergency Care	100% covered after deductible, for emergency room		100% covered after deductible, for emergency room	
Inpatient Hospital	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible	50% coinsurance after deductible
Outpatient Surgery	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible	50% coinsurance after deductible
Chiropractic Care	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible	50% coinsurance after deductible
Prescription Drugs Retail (31-day supply)	100% covered after deductible Preventative Generic Drugs: Certain preventative generic drugs covered at 100% not subjected to deductible	Not covered	100% covered after deductible Preventative Generic Drugs: Certain preventative generic drugs covered at 100% not subjected to deductible	Not covered
Mail Order (90-day supply)				