

Colorado Mesa University

2024 Cigna Benefit Plan Comparison



	Open Access Plus (OAP) 350		Open Access Plus In-Network (OAPIN) 1250	Open Access Plus HDHP 3500 (OAP-HDHP) HSA		Open Access Plus In-Network (OAPIN) 5000
	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network
Deductible	\$350 individual \$600 family	\$500 individual \$1,000 family	\$1,250 individual \$2,500 family	\$3,500 individual \$6,500 family	\$3,500 individual \$6,500 family	\$5,000 individual \$10,000 family
Out-of-Pocket Maximum (includes annual deductible)	\$3,000 individual \$5,000 family (All copayments apply toward the out-of-pocket maximum)	\$4,000 individual \$6,000 family (All copayments apply toward the out-of-pocket maximum)	\$4,500 individual \$9,000 family (All copayments apply toward the out-of-pocket maximum)	\$3,500 individual \$6,500 family	\$6,750 individual \$13,500 family	\$5,000 individual \$10,000 family
Office Visit PCP/Specialist	\$30 copay	30% coinsurance after deductible	\$45 copay for PCP visit \$60 copay to any other provider	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible
Lab-X-Ray	\$15 copay for lab and x-ray	30% coinsurance after deductible	25% copayment after deductible	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible
Scans: MRI, CAT, PET	\$100 copay after deductible	30% coinsurance after deductible	25% copayment after deductible	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible
Emergency Care	\$150 copay, not subject to deductible (copay waived if admitted to ER). Applies to the in-network out-of-pocket maximum		25% copayment after deductible	100% covered after deductible for ER. Applies to the in-network, out-of-pocket maximum		100% covered after deductible
Inpatient Hospital	\$500 copay after deductible	30% coinsurance after deductible	25% copayment after deductible	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible
Outpatient Surgery	\$250 copay after deductible	30% coinsurance after deductible	25% copayment after deductible	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible
Telehealth (virtual care)	\$30 copay	Not covered	\$45 copay	100% covered after deductible	Not covered	100% covered after deductible
Chiropractic Care	\$30 copay	30% coinsurance after deductible	\$45 copay	100% covered after deductible	Not covered	100% covered after deductible
Prescription Drugs Retail (31-day supply)	Tier 1: \$15 Tier 2: \$30 Tier 3: \$45 Tier 4: 20% up to \$150	Not covered	Tier 1: \$15 Tier 2: \$30 Tier 3: \$45 Tier 4: 20% up to \$150	100% covered after deductible Preventive Generic Drugs: Certain preventative drugs covered with a \$10 copay, not subject to deductible	Not covered	100% covered after deductible Preventive Generic Drugs: Certain preventative drugs covered with a \$10 copay, not subject to deductible
Mail order available (90-day supply)	Mail order: 2 times retail		Mail order: 2 times retail			

Complete provisions of the plans can be found in the service agreement. If this document and contracts do not agree, the plan documents and insurance contracts will rule.

