

# CIGNA PLAN COMPARISON

January 1, 2019 – December 31, 2019

	CIGNA				
	OAPIN	OAP		CHOICE FUND - HSA	
		In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Eligibility:</b>					
Dependent Children	to age 26	to age 26		to age 26	
<b>Benefits:</b>					
Deductible	\$250 Indiv / \$500 Family	\$500 Individual / \$1,000 Family		\$1,500 Ind/\$3,000 Fam	\$3,000 Ind/\$6,000 Fam
Coinsurance	90/10%	80/20%	60/40%	80/20%	60/40%
Maximum Out-of-Pocket	\$1,250 Indiv/\$2,500 Fam	\$1,500 Individual / \$3,000 Family		\$3,000 Ind/\$6,000 Fam	\$6,000 Ind/\$12,000 Fam
Rx Out-of-Pocket	\$5,100 Indiv/\$10,200 Fam	\$4,850 Individual / \$9,700 Family		Not Applicable	
Lifetime Maximum	None	None		None	
<b>Preventive &amp; Outpatient Care:</b>					
Preventive Care Office Visit	100%	100%	not covered	100%	not covered
Sick Office Visit	\$20 copay (\$25 Spec.)	\$20 copay	Deductible & Coinsurance	Deductible & Coinsurance	
Routine Eye Exam	\$20 copay (every 24 months)	not covered		not covered	
Lab/X-Ray	Deductible & Coinsurance	Deductible & Coinsurance		Ded&Coins (100% Preventive)	Deductible & Coins
CT/MRI/PET Scans	Deductible & Coinsurance	Deductible & Coinsurance		Deductible & Coinsurance	
PT/OT/ST	\$25 copay	\$20 copay	Deductible & Coinsurance	Deductible & Coinsurance	
Chiropractic Care	\$25 copay	\$20 copay	Deductible & Coinsurance	Deductible & Coinsurance	
Outpatient Surgery	Deductible & Coinsurance	Deductible & Coinsurance		Deductible & Coinsurance	
<b>Inpatient Care:</b>					
Hospitalization	Deductible & Coinsurance	Deductible & Coinsurance		Deductible & Coinsurance	
Physician Visit	Deductible & Coinsurance	Deductible & Coinsurance		Deductible & Coinsurance	
Surgery	Deductible & Coinsurance	Deductible & Coinsurance		Deductible & Coinsurance	
<b>Prescription Drugs:</b>					
Preventive Drugs Subject to Deductible	No	No		No (listed drugs covered at 100%)	
Generic	\$10 copay	\$10 copay		Deductible & 10% Coinsurance	
Preferred Brand Name	\$30 copay	\$25 copay		Deductible & 20% Coinsurance	
Non-Preferred Brand Name	\$50 copay	\$40 copay		Deductible & 30% Coinsurance	
Mail Order 90-Day Supply	2 copays	2 copays		Deductible then 10%/20%/30%	
<b>Maternity Care:</b>					
Prenatal & Postpartum Care	Deductible & Coinsurance	Deductible & Coinsurance		Deductible & Coinsurance	
Hospital Services for Mother & Newborn	Deductible & Coinsurance	Deductible & Coinsurance		Deductible then 20%	
<b>Mental Health Services (nonlisted):</b>					
Inpatient Services	Deductible & Coinsurance	Deductible & Coinsurance		Deductible & Coinsurance	
Outpatient Services	\$25 copay	\$20 copay	Deductible & Coinsurance	Deductible & Coinsurance	
<b>Substance Services:</b>					
Inpatient	Deductible & Coinsurance	Deductible & Coinsurance		Deductible & Coinsurance	
Outpatient	\$25 copay	\$20 copay	Deductible & Coinsurance	Deductible & Coinsurance	
<b>Emergency Care:</b>					
Ambulance	Deductible & Coinsurance	Deductible & 80/20% Coinsurance		Deductible & 80/20% Coinsurance	
Emergency Room	Deductible & Coinsurance	Deductible & 80/20%Coinsurance		Deductible & 80/20%Coinsurance	



# 2019 EMPLOYEE RATES

H

R

@

C

o

l

b

y



## OPEN ACCESS IN-NETWORK PLAN (OAPIN)

ANNUAL SALARY	EMPLOYEE ONLY	EMPLOYEE + 1	EMPLOYEE + 2/MORE
Under \$37,500	\$24.00	\$187.00	\$248.00
\$37,500 to \$76,499	\$46.00	\$264.00	\$356.00
\$76,500 and Over	\$70.00	\$348.00	\$449.00

## OPEN ACCESS PLAN (OAP)

ANNUAL SALARY	EMPLOYEE ONLY	EMPLOYEE + 1	EMPLOYEE + 2/MORE
Under \$37,500	\$20.00	\$170.00	\$230.00
\$37,500 to \$76,499	\$40.00	\$239.00	\$331.00
\$76,500 and Over	\$60.00	\$298.00	\$399.00

## CHOICE FUND HEALTH SAVINGS ACCOUNT PLAN (HSA)

ANNUAL SALARY	EMPLOYEE ONLY	EMPLOYEE + 1	EMPLOYEE + 2/MORE
Under \$37,500	\$14.00	\$120.00	\$180.00
\$37,500 to \$76,499	\$23.00	\$175.00	\$275.00
\$76,500 and Over	\$36.00	\$250.00	\$350.00

---

\*Colby monthly contributions to HSA's include \$84.00 for employee only and \$167.00 for employee plus dependent(s).