

# CIGNA PLAN COMPARISON

## January 1, 2024 – December 31, 2024

Coverage	OAP(500)			OAP (1250)			Choice Fund with HSA	
	Tier 1	Tier 2	Out-of-Network	Tier 1	Tier 2	Out-of-Network	In-Network	Out-of-Network
<b>HSA Contribution</b>	None	None	None	None	None	None	Individual: \$105/m; Family: \$209/m	
<b>Benefits:</b>								
Deductible – Indv / Fam	\$500 / \$1,000	\$500 / \$1,000	\$1,000 / \$2,000	\$1,250 / \$2,500	\$1,250 / \$2,500	\$2,500 / \$5,000	\$2,000 / \$4,000	\$3,500 / \$7,000
Coinsurance	20%	20%	40%	20%	20%	40%	20%	40%
Out-of-Pocket Maximum – Indv / Fam	\$3,500 / \$7,000	\$3,500 / \$7,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$8,000 / \$16,000	\$3,500 / \$7,000	\$7,000 / \$14,000
Rx Out-of-Pocket Maximum – Indv / Fam	\$1,750 / \$3,500	\$1,750 / \$3,500	n/a	\$1,750 / \$3,500	\$1,750 / \$3,500	n/a	n/a	n/a
Lifetime Maximum	None			None			None	
<b>Preventive &amp; Outpatient Care:</b>								
Routine & Preventive Care	100% covered	100% covered	Deductible & 20%	100% covered	100% covered	Deductible & 20%	100% covered	Deductible & 20%
Primary Care Visits	\$30 copay	\$50 copay	Deductible & 20%	\$30 copay	\$50 copay	Deductible & 20%	Deductible & Coinsurance	
Specialist Visits	\$35 copay	\$55 copay	Deductible & 20%	\$35 copay	\$55 copay	Deductible & 20%	Deductible & Coinsurance	
Lab/X-Ray	n/a	Deductible & Coinsurance		n/a	Deductible & Coinsurance		Deductible & Coinsurance	
CT/MRI/PET Scans	n/a	Deductible & Coinsurance		n/a	Deductible & Coinsurance		Deductible & Coinsurance	
PT/OT/ST	n/a	\$55 copay	Deductible & 20%	n/a	\$55 copay	Deductible & 20%	Deductible & Coinsurance	
<b>Inpatient Care:</b>								
Hospitalization	n/a	Deductible & Coinsurance		n/a	Deductible & Coinsurance		Deductible & Coinsurance	
Physician Visit	n/a	Deductible & Coinsurance		n/a	Deductible & Coinsurance		Deductible & Coinsurance	
Surgery	n/a	Deductible & Coinsurance		n/a	Deductible & Coinsurance		Deductible & Coinsurance	
<b>Prescription Drugs:</b>								
Preventive Drugs Subject to Deductible	No (listed drugs covered at 100%)			No (listed drugs covered at 100%)			No (listed drugs covered at 100%)	
Generic	n/a	\$10	n/a	n/a	\$10	n/a	Deductible & 10%	n/a
Preferred Brand Name	n/a	\$35	n/a	n/a	\$35	n/a	Deductible & 20%	n/a
Non-Preferred Brand Name	n/a	\$65	n/a	n/a	\$65	n/a	Deductible & 30%	n/a
Specialty	n/a	\$100	n/a	n/a	\$100	n/a	Deductible & 40%	n/a
Mail Order 90-Day Supply (non-specialty)	n/a	2 copays	n/a	n/a	2 copays	n/a	Deductible & 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 & Coinsurance	
<b>Mental Health &amp; Substance Abuse:</b>								
Inpatient Services	Deductible & Coinsurance			Deductible & Coinsurance			Deductible & Coinsurance	
Office Visits	n/a	\$35 copay	Deductible & 20%	n/a	\$35 copay	Deductible & 20%	Deductible & Coinsurance	
<b>Emergency Care:</b>								
Ambulance	Deductible & 20% Coinsurance			Deductible & 20% Coinsurance			Deductible & Coinsurance	
Urgent Care	Deductible & 20% Coinsurance			Deductible & 20% Coinsurance			Deductible & Coinsurance	
Emergency Room	\$200 copay PLUS Deductible & 20%			\$150 copay PLUS Deductible & 20%			Deductible & Coinsurance	
<b>Eligibility:</b>								
Children	to age 26			to age 26			to age 26	



# 2024 EMPLOYEE MONTHLY RATES

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## OPEN ACCESS PLUS (500)

ANNUAL SALARY	EMPLOYEE ONLY	EMPLOYEE + 1	EMPLOYEE + FAMILY
Up to \$55,000	\$28.00	\$214.00	\$283.00
\$55,001 to \$90,000	\$56.00	\$317.00	\$428.00
\$90,001 and Over	\$87.00	\$431.00	\$556.00

## OPEN ACCESS PLUS (1250)

ANNUAL SALARY	EMPLOYEE ONLY	EMPLOYEE + 1	EMPLOYEE + FAMILY
Up to \$55,000	\$22.00	\$186.00	\$252.00
\$55,001 to \$90,000	\$46.00	\$274.00	\$380.00
\$90,001 and Over	\$71.00	\$352.00	\$471.00

## CHOICE FUND with HEALTH SAVINGS ACCOUNT (HSA)

ANNUAL SALARY	EMPLOYEE ONLY	EMPLOYEE + 1	EMPLOYEE + FAMILY
Up to \$55,000	\$15.00	\$124.00	\$187.00
\$55,001 to \$90,000	\$26.00	\$192.00	\$301.00
\$90,001 and Over	\$41.00	\$281.00	\$394.00

If opting out of medical, Colby will credit your paycheck \$80/mo after submitting your benefit elections and completing the waiver form through Workday.

HSA Contributions: Colby contributes \$105/mo to your HSA if you select employee only and \$209/mo if you cover your legal spouse and/or child(ren). In the case where a legal spouse and/or child(ren) is not covered under family, Colby will contribute at the single rate (\$105/mo).

