

HIGHLIGHT COMPARISON OF 2021 FAMILY HEALTH PLAN COVERAGE OPTIONS

COVERAGE UNDER BOTH OPTIONS IS FOR IN-NETWORK PROVIDERS ONLY (plus Non-Network Emergency Services)		
	CIGNA OAP	KAISER HMO
NETWORK UTILIZED	CIGNA OPEN ACCESS PLUS	KAISER PERMANENTE HMO
IF YOU NEED TO SEE THE DOCTOR	Calendar Year Deductible does not apply	
Primary Care	You pay \$35	You pay \$20
Specialist	You pay \$45	You pay \$35
Mental Health	You pay \$35	You pay \$20
Virtual Visit/Telemedicine	You pay \$35	You pay \$0
WHEN YOU RECEIVE PREVENTIVE CARE	Calendar Year Deductible does not apply	
ACA Preventive Care Services	You pay \$0	You pay \$0
IF YOU NEED A PRESCRIPTION DRUGS	Calendar Year Deductible does not apply	
ACA PREVENTIVE CARE DRUGS	You pay \$0, no deductible	You pay \$0, no deductible
PRESCRIPTION DEDUCTIBLE	\$25 per individual per calendar year	None
RETAIL (30-day supply)	After deductible:	If filled at Kaiser Facility:
Tier 1: Generic	You pay \$10	You pay \$10
Tier 2: Preferred Brand	You pay greater of \$25 or 25%	You pay \$25
Tier 3: Non-Preferred Brand	You pay greater of \$25 or 25%	Not covered
HOME DELIVERY (90-day supply)		
Tier 1: Generic	You pay \$30	You pay \$20
Tier 2: Preferred Brand	You pay greater of \$75 or 25%	You pay \$50
Tier 3: Non-Preferred Brand	You pay greater of \$75 or 25%	Not covered
SPECIALTY (30-day supply)		
Specialty Medications	You pay greater of \$25 or 25%	You pay \$25
IF YOU NEED OTHER MEDICAL SERVICES		
CALENDAR YEAR DEDUCTIBLE (CYD)		
Individual	\$750	\$250
Family	\$2,500	\$750
MAXIMUM OUT-OF-POCKET		
Individual	\$6,350	\$6,350
Family	\$12,700	\$12,700
EMERGENCY CARE		
Emergency Room	You pay \$100, then 30% after CYD	You pay \$100, then 30% after CYD
Transportation	You pay 30% after CYD	You pay 30% after CYD
Urgent Care	You pay 30% after CYD	You pay 30% after CYD
OTHER SERVICES		
In-Network	You pay 30% after CYD	You pay 30% after CYD
Non-Network	Not covered	Not covered
VISION BENEFITS		
Adult Benefit		
Annual Exam	Reimbursed at 100%, up to \$200	You pay \$0
Hardware	maximum every 24 months	\$200 credit every 2 years
Pediatric Benefit (under age 19)		
Annual Exam	You pay \$0	You pay \$0
Hardware	You pay \$0 for one set of standard lenses (or standard contact lenses per year). Frames are covered in full up to \$100 every 24 months.	\$200 credit every 2 years

CURRENT DENTAL BENEFITS WILL STILL BE PROVIDED THROUGH CIGNA FOR BOTH COVERAGE OPTIONS

The above comparison just highlights basic benefits and is not intended to fully describe all benefit coverages.