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	Open Access Plus "Deductible Plan" ¹		Open Access Plus In Network "Copay Plan" ¹	
What You'll Pay – Office/Routine Care				
	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive care	100% up to \$350, then 10% after plan deductible	50% after plan deductible	\$25 / \$40 copay	Not covered
Primary care visits	10% after plan deductible	50% after plan deductible	\$25 copay	Not covered
Specialist visits	10% after plan deductible	50% after plan deductible	\$40 copay	Not covered
Prenatal care	10% after plan deductible	50% after plan deductible	\$25 / \$40 copay	Not covered
Chiropractic	10% after plan deductible Limit: 10 days / calendar year	50% after plan deductible	\$40 copay Limit: 10 days / calendar year	Not covered
Physical, occupational and speech therapy	10% after plan deductible	50% after plan deductible	\$40 copay	Not covered
CIGNA Vision eye exam	Not covered	Not covered	\$40 copay	\$45 allowance
Well-child care	100% up to \$350, then 10% after plan deductible	50% after plan deductible	\$25 / \$40 copay	Not covered
Lab, X-ray, diagnostic tests	10% after plan deductible	50% after plan deductible	No charge after office visit copay	Not covered
Durable medical equipment	10% after plan deductible	50% after plan deductible	You pay 20%	Not covered
What You'll Pay – Hospital Care				
Inpatient hospitalization	10% after plan deductible	50% after plan deductible	\$368 copay per admit, then 0%	Not covered
Outpatient surgery	10% after plan deductible	50% after plan deductible	\$262 copay per visit, then 0%	Not covered
Emergency room	\$105 copay, then 10% after plan deductible	50% after plan deductible	\$105 copay per visit, then 0%	\$105 copay per visit, then 0%
Urgent care center	10% after plan deductible	50% after plan deductible	\$55 copay	\$55 copay
Ambulance	10% after plan deductible	50% after plan deductible	You pay 0%	You pay 0%
What You'll Pay – Mental Health and Substance Abuse				
Inpatient	10% after plan deductible	50% after plan deductible	\$368 copay per admit, then 0%	Not covered
Outpatient	10% after plan deductible	50% after plan deductible	\$25 / \$40 copay	Not covered

¹ What you'll pay after you meet your deductible, unless otherwise indicated. You'll pay 100 percent of the cost until you meet your deductible.

The information in this brochure is provided as a guide only. Make sure you read all of your enrollment information thoroughly, as plan details may vary. If you need more assistance, talk to your Benefits Department.

These plans provide coverage for most medically necessary services. However, there are certain services and supplies that are not covered by the plan regardless of medical necessity. See page 9 of this guide for examples of plan exclusions.