

## Colorado Mesa University 2025 Cigna Benefit Plan Comparison



	Open Access Plus (OAP) 350		Open Access Plus In-Network (OAPIN) 1250	Open Access Plus HDHP 4000 (OAP-HDHP) HSA	
	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network
<b>Deductible</b>	\$350 individual \$600 family	\$500 individual \$1,000 family	\$1,250 individual \$2,500 family	\$4,000 individual \$8,000 family	\$4,000 individual \$8,000 family
<b>Out-of-Pocket Maximum</b> (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)	\$5,500 individual \$11,000 family (All copayments apply toward the out-of-pocket maximum)	\$4,000 individual \$8,000 family	\$4,000 individual \$13,500 family
<b>Office Visit PCP/Specialist</b>	\$30 copay	30% coinsurance after deductible	\$20 copay for PCP visit \$50 copay to any other provider	100% covered after deductible	50% coinsurance after deductible
<b>Lab-X-Ray</b>	\$15 copay for lab and x-ray	30% coinsurance after deductible	25% copayment after deductible	100% covered after deductible	50% coinsurance after deductible
<b>Scans: MRI, CAT, PET</b>	\$100 copay after deductible	30% coinsurance after deductible	25% copayment after deductible	100% covered after deductible	50% coinsurance after deductible
<b>Emergency Care</b>	\$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	
<b>Inpatient Hospital</b>	\$500 copay after deductible	30% coinsurance after deductible	25% copayment after deductible	100% covered after deductible	50% coinsurance after deductible
<b>Outpatient Surgery</b>	\$250 copay after deductible	30% coinsurance after deductible	25% copayment after deductible	100% covered after deductible	50% coinsurance after deductible
<b>Telehealth</b> (virtual care)	\$30 copay	Not covered	\$45 copay	100% covered after deductible	Not covered
<b>Chiropractic Care</b>	\$30 copay	30% coinsurance after deductible	\$45 copay	100% covered after deductible	Not covered
<b>Prescription Drugs Retail</b> (31-day supply) <b>Mail order available</b> (90-day supply)	Tier 1: \$15 Tier 2: \$30 Tier 3: \$45 Tier 4: 20% up to \$150  Mail order: 2 times retail	Not covered	Tier 1: \$15 Tier 2: \$30 Tier 3: \$45 Tier 4: 20% up to \$150  Mail order: 2 times retail	100% covered after deductible  Preventive Generic Drugs: Certain preventative drugs covered with a \$10 copay, not subject to deductible	Not covered

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.