

MEDICAL PLAN COMPARISON

Plan features	Consumer-Driven Health Plan		Limited Network Plan	Open Access Plan
	In Network	Out-of-Network		
Plan Year	January 1, 2026 - December 31, 2026	January 1, 2026 - December 31, 2026	January 1, 2026 - December 31, 2026	January 1, 2026 - December 31, 2026
Medical Service Deductible	Individual \$1,750 Family \$3,500	Individual \$3,500 Family \$7,000	Individual \$200 Family \$600	Individual \$850 Family \$1,700
Plan Year Out-of-Pocket Max	Individual \$8,700 Family \$17,400	Individual \$17,400 Family \$34,800	Individual \$8,700 Family \$17,400	Individual \$8,700 Family \$17,400
Prescription Plan Deductible	Yes. Combined medical and pharmacy deductible, except for certain preventive medications which are not subject to deductible.		Individual \$150 Family \$450 (except for certain preventive medications which are not subject to deductible.)	No
Health Reimbursement Account	Yes. The City pays the first \$500/individual or \$1,000/family. This amount is prorated for plans starting after March 31. Prorated amounts based on effective date: • Apr. 1 – Jun. 30: \$375/individual or \$750/family • Jul. 1 – Sep. 30: \$250/individual or \$500/family • Oct. 1 - Dec. 31: \$125/individual or \$250/family		No	No
Network Options	Includes Cigna's national network Out-of-network services provided with higher co-insurance and deductibles.		Choose from one of the provider groups. Only true emergencies* are covered out of the provider group.	Includes Cigna's national network. Only true emergencies* are covered out of network.
PCP	20% after deductible is met	40% after deductible is met	\$35	\$40
Virtual Visit: MDLive/PCP/Specialist	100%	N/A	\$0	\$0
Specialist	20% after deductible is met	40% after deductible is met	\$65	Tier I Specialist \$65 Non-Tier 1 Specialist \$80
Outpatient surgery	20% after deductible is met	40% after deductible is met	\$350 per surgery Maximum of \$700 per plan year after deductible is met	30% after deductible is met
Inpatient facility	20% after deductible is met	40% after deductible is met	\$600 per day Maximum of \$3,000 per plan year after deductible is met	30% after deductible is met
Emergency room	20% after deductible is met	20% after deductible is met	\$400	30% after deductible is met
Urgent care services	20% after deductible is met		\$65	\$75
Wellness Programs	Yes	Yes	Yes	Yes
Prescription Drug Plan	Yes	Yes	Yes	Yes

* A true emergency is when an illness or injury places a person's health or life in serious jeopardy and treatment cannot be delayed. Examples include difficulty breathing, chest pain, a head injury or ingestion of a toxic substance.

College students outside of the service area

If you are on the Limited Plan and have a dependent who is in college outside of the plan's service area, you will need to contact Cigna to set up Guesting services for access to care. Call Cigna at (800) 997-1406.