

Health Maintenance Organization (HMO) Plans	Cigna Open Access Plus In-Network (OAPIN) HMO Plan	Kaiser Permanente HMO Plan
Annual Deductible	None	None
<b>Preventive Care</b>		
Routine Physical Exam	\$10 copay*	Covered in full
Well Baby/Child Care	\$10 copay*	Covered in full (under age 5)
Childhood Immunizations	\$10 copay*	Covered in full (under age 5)
<b>Physician Services</b>		
Physician Office Visit	\$10 copay	\$10 copay
Specialist Office Visit	\$15 copay	\$15 copay
Lab Work and X-rays	Covered in full	Covered in full
Allergy Shots	\$10 copay (\$15 copay for specialist)	\$10 copay
<b>Maternity Care</b>		
Prenatal and Postnatal Care	\$15 copay, no charge once pregnancy is confirmed*	\$10 copay, no charge once pregnancy is confirmed*
Physician Services	Covered in full	Covered in full
Hospital Services	Covered in full	Covered in full
<b>Emergency Services (when medically necessary)</b>		
Urgent Care Centers	\$15 copay	\$15 copay
Emergency Room	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)
Emergency Physician Services	Covered in full	Covered in full
Emergency Ambulance	Covered in full	Covered in full
<b>Hospital Services—Inpatient</b>		
Semi-private Room	Covered in full	Covered in full
Professional Services	Covered in full	Covered in full
Surgical Procedures	Covered in full	Covered in full
Specialty Care/Consultation	Covered in full	Covered in full
Anesthesia	Covered in full	Covered in full
Radiology and Drugs	Covered in full	Covered in full
Intensive Care	Covered in full	Covered in full
Coronary Care	Covered in full	Covered in full
<b>Hospital Services—Outpatient</b>		
Surgical Procedures	Covered in full	\$15 copay
Professional Fees	\$15 copay	Covered in full
<b>Mental Health/Substance Abuse Services</b>		
Inpatient Days	Covered in full	Covered in full
Outpatient Visits	\$10 copay	\$10 copay
<b>Other Services</b>		
Catastrophic Illness	Covered in full	Covered in full
Durable Medical Equipment	You pay 25%**	Covered in full
Home Health Care	Covered in full	Covered in full
Hospice Care	Covered in full	Covered in full
Skilled Nursing Care	Covered in full up to 100 days	Covered in full up to 100 days per contract year

\*Applies to services not specifically listed in the previous preventive care charts.

\*\*Does not include diabetic supplies such as lancets, glucose strips, etc. See CVS Caremark Prescription for details.