

Cigna Qualified Benefit Plans

Health Plan Name	Cigna (OAP 1)
O-EPIC Health Plan ID	H02200
Individual Annual Deductible (in-network)	\$1000 // Fam Ded \$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$2000
Office Visit Copay	Variable PCP \$10- \$50 in \$5 increments, Spec Xs2 PCP
Pharmacy	Tier 1 \$15, Tier 2 \$30, Tier 3 \$60

Health Plan Name	Cigna (OAP 3)
O-EPIC Health Plan ID	H02203
Individual Annual Deductible (in-network)	\$1000 // Fam Ded \$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$2000
Office Visit Copay	\$10 PCP, \$20 Spec
Pharmacy	Variable Ranges: Tier 1= \$5-\$20 Tier 2 = \$25-\$60 Tier 3 = \$65-\$100

Health Plan Name	Cigna (OAP Plan 4)
O-EPIC Health Plan ID	H02202
Individual Annual Deductible (in-network)	\$1500 // Fam Ded \$3000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$25 PCP , \$50 Spec
Pharmacy	Variable Ranges: Tier 1= \$5-\$20 Tier 2 = \$25-\$60 Tier 3 = \$65-\$100

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Health Plan Name	Cigna Open Access Plus Plan OAP Buy Up ALT 1
O-EPIC Health Plan ID	H02275
Individual Annual Deductible (in-network)	\$1250 // Fam Ded \$3750
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$30 PCP, \$60 Spec
Pharmacy	Generic \$0 Preferred Brand \$10 Non-preferred Brand \$50 Specialty \$100

Health Plan Name	Cigna Open Access Plus Plan OAP Buy Up
O-EPIC Health Plan ID	H02233
Individual Annual Deductible (in-network)	\$1000 // Fam Ded \$3000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$20 PCP, \$20 Spec
Pharmacy	Generic \$0 Preferred Brand \$10 Non-preferred Brand \$50 Specialty \$100

Cigna Qualified Benefit Plans

Health Plan Name	Cigna Open Access Plus Plan OAP Buy Up
O-EPIC Health Plan ID	H02346
Individual Annual Deductible (in-network)	\$1000 // Fam Ded \$3000
Individual Annual Out-of-Pocket Maximum (in-network)	\$2000
Office Visit Copay	\$10 PCP, \$20 Spec
Pharmacy	Generic \$5 Preferred Brand \$25 Non-preferred Brand \$65

Health Plan Name	Cigna (OAP 5)
O-EPIC Health Plan ID	H02347
Individual Annual Deductible (in-network)	\$1500 // Fam Ded \$4500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$25 PCP, \$50 Spec
Pharmacy	Generic \$0 Preferred Brand \$10 Non-preferred Brand \$50