

2027 Medical Plan Comparison Chart

Compare features of our medical plans. Plans with in- and out-of-network benefits will display a column for each level of coverage.

This table shows member cost share



	Cigna HDHP Classic		Cigna HDHP Value	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
HSA Employer Funding⁵ Individual/Family	\$700 / \$1,400		\$350 / \$700	
Network Name	Open Access Plus	N/A	Open Access Plus	
Calendar Year Deductible¹ Individual Coverage Family Coverage Embedded/Aggregate ²	\$2,200 \$4,400 Aggregate	\$4,000 \$8,000 Aggregate	\$4,000 \$8,000 Aggregate	\$8,000 \$16,000 Aggregate
Annual Out-of-Pocket Maximum¹ Individual Coverage Family Coverage Embedded/Aggregate ³	\$4,400 \$8,800 Embedded	\$8,000 \$16,000 Embedded	\$8,000 \$12,000 Embedded	\$16,000 \$24,000 Embedded
Office Visit Primary Care Specialist	20% coinsurance 20% coinsurance	40% coinsurance 40% coinsurance	20% coinsurance 20% coinsurance	40% coinsurance 40% coinsurance
Urgent Care	20% coinsurance		20% coinsurance	
Emergency Room	20% coinsurance		20% coinsurance	
Lab and Imaging Basic Complex	20% coinsurance 20% coinsurance	40% coinsurance 40% coinsurance	20% coinsurance 20% coinsurance	40% coinsurance 40% coinsurance
Inpatient Hospitalization	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
Outpatient Surgery/Services	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
Prescription Drug Benefits				
Calendar Year Deductible	Combined with Medical		Combined with Medical	
Out-of-Pocket Maximum	Combined with Medical		Combined with Medical	
Retail - 30 Day Supply Generic Preferred Brand Non-Preferred Brand Specialty	20% 20% 20% 20%	Not Covered	20% up to \$30 30% up to \$125 50% up to \$250 20%	Not Covered
Mail Order/Retail - 90 Day Supply Generic Preferred Brand Non-Preferred Brand Specialty	20% 20% 20% 20%	Not Covered	20% up to \$90 30% up to \$375 50% up to \$750 20%	Not Covered

Key:
¹Deductibles and out-of-pocket maximums accumulate on a calendar year from January 1 through December 31.
²An embedded family deductible means the plan begins to make payments for a member when they reach their individual deductible. An aggregate deductible means your family must meet the entire family deductible before any individual expenses are covered.
³An embedded family maximum means the plan will cover 100% for an individual member as soon as they reach their individual maximum.
⁴All covered expenses including your medical deductibles & prescription copays accumulate towards the out-of-pocket maximum.
⁵Contributed on a per day basis starting 1/1/2027.

New for 2027!
\$0 copay for Rx
Preventative Drug List
2027 Cigna Preventative
Drug List

*Please note, your plan may not consider every condition / medication on this list to be preventive.



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	Cigna PPO		Cigna PPO Value	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
HSA Employer Funding⁵ Individual/Family	N/A		N/A	
Network Name	Open Access Plus	N/A	Open Access Plus	N/A
Calendar Year Deductible¹ Individual Coverage Family Coverage Embedded/Aggregate ²	\$750 \$1,500 Embedded	\$1,500 \$3,000 Embedded	\$4,000 \$8,000 Embedded	\$8,000 \$16,000 Embedded
Annual Out-of-Pocket Maximum¹ Individual Coverage Family Coverage Embedded/Aggregate ³	\$3,000 \$6,700 Embedded	\$6,000 \$13,400 Embedded	\$7,500 \$11,000 Embedded	\$12,000 \$24,000 Embedded
Office Visit Primary Care Specialist	\$25 copay \$40 copay	40% coinsurance 40% coinsurance	\$50 copay \$80 copay	50% coinsurance 50% coinsurance
Urgent Care	\$75 copay		\$80 copay	
Emergency Room	\$150 copay (waived if admitted)		\$250 copay (waived if admitted)	
Lab and Imaging Basic Complex	20% coinsurance 20% coinsurance	40% coinsurance 40% coinsurance	25% coinsurance 25% coinsurance	50% coinsurance 50% coinsurance
Inpatient Hospitalization	20% coinsurance	40% coinsurance	25% coinsurance	50% coinsurance
Outpatient Surgery/Services	20% coinsurance	40% coinsurance	25% coinsurance	50% coinsurance
Prescription Drug Benefits				
Calendar Year Deductible	N/A		N/A	
Out-of-Pocket Maximum	N/A		N/A	
Retail - 30 Day Supply Generic Preferred Brand Non-Preferred Brand Specialty	\$10 \$30 \$50 \$100	Not Covered	\$10 \$45 \$75 20% up to \$150	Not Covered
Mail Order/Retail - 90 Day Supply Generic Preferred Brand Non-Preferred Brand Specialty	\$30 \$90 \$150 \$100 (30-day supply only)	Not Covered	\$20 \$90 \$150 20% up to \$150	Not Covered

Key:
¹Deductibles and out-of-pocket maximums accumulate on a calendar year from January 1 through December 31.
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⁴All covered expenses including your medical deductibles & prescription copays accumulate towards the out-of-pocket maximum.

