

Cigna Qualified Benefit Plans

Health Plan Name	Cigna (OAP 1)
O-EPIC Health Plan ID	H02200
Individual Annual Deductible (in-network)	\$1000
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 2)
O-EPIC Health Plan ID	H02201
Individual Annual Deductible (in-network)	Variable \$250 to \$2500 in \$100 increments.
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$25 PCP, \$50 Spec
Pharmacy	Tier 1 \$20, Tier 2 \$40 , Tier 3 \$60

Health Plan Name	Cigna (OAP 3)
O-EPIC Health Plan ID	H02203
Individual Annual Deductible (in-network)	\$1000
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

Cigna Qualified Benefit Plans

Health Plan Name	Cigna (OAP Plan 4)
O-EPIC Health Plan ID	H02202
Individual Annual Deductible (in-network)	\$1500
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

Health Plan Name	Cigna Open Access Plus Plan OAP Buy Up
O-EPIC Health Plan ID	H02275
Individual Annual Deductible (in-network)	\$1250
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