Medical Plan Comparison Chart

	Open Access Plus (OAP) Plan[4]		Cigna Choice Fund (CCF) Plan		High Deductible Health Plan (HDHP)	
Medical plan highlights						
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Medical deductible						
Individual	$800	$1,600	$1,800	$3,600	$3,400	$6,750
Family	$1,600	$3,200	$3,600	$7,200	$6,800	$13,500
Out-of-pocket maximum[1]				Deductible/Coinsurance		
Individual	$3,000	$6,000	$4,500	$7,000	$4,750	$8,000
Family	$6,000	$12,000	$9,000	$14,000	$9,500	$16,000
Coinsurance						
Individual	20%	40%	20%	40%	20%	40%
Family	20%	40%	20%	40%	20%	40%
Contribution from employer[2]	You may be eligible for a separate contribution in your HCFSA.		**HRA**		**HSA/HRA**	
Individual			$500		$500	
Family			$1,000		$1,000	
Office/routine care						
Adult preventive care	Covered at 100%[3]	Deductible/Coinsurance	Covered at 100%[3]	Deductible/Coinsurance	Covered at 100%[3]	Deductible/Coinsurance
Telehealth/MDLive	No cost for urgent care	Not covered	No cost for urgent care	Not covered	Deductible, then no cost for urgent care	Not covered
Office visit	$45	Deductible/Coinsurance	$55	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Specialist visit	$55	Deductible/Coinsurance	$65	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Chiropractic	$45	Deductible/Coinsurance	$55	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Physical, occupational, and speech therapies	$45	Deductible/Coinsurance	$55	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Well-child care	Covered at 100%[3]	Deductible/Coinsurance	Covered at 100%[3]	Deductible/Coinsurance	Covered at 100%[3]	Deductible/Coinsurance
Lab, X-ray, and diagnostic tests	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Acupuncture	$55	Deductible/Coinsurance	$65	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Hearing aid coverage — maximum one pair for 36 months	Covered at 100%[3]	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Durable medical equipment	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance

1. **Each family member pays toward their individual deductible and out-of-pocket maximum.** Family limits help minimize the total amounts your family must pay in a given year.
2. Employer contributions to HRAs are available to use as of your first paycheck in January. Employer and Employee HSA contributions will be available to spend once you have activated your account with Fidelity.
3. Certain in-network preventive care services and well-child care services are covered at no added cost to you. You have no deductible or copays to meet for these services.
4. J-1 Visa holders are required to enroll in a special OAP plan with $500 individual and $1,000 family annual deductibles.

Medical Plan Comparison Chart (cont'd)

	Open Access Plus (OAP) Plan		Cigna Choice Fund (CCF) Plan		High Deductible Health Plan (HDHP)	
Hospital care						
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Inpatient hospitalization	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient surgery	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Emergency room	$175	$175	$175	$175	Deductible/Coinsurance	In-Network Deductible/ Coinsurance
Urgent care center	$65	$65[1]	$65	$65[1]	Deductible/Coinsurance	In-Network Deductible/ Coinsurance[1]
Ambulance	Deductible/Coinsurance	In-Network Deductible/ Coinsurance[1]	Deductible/Coinsurance	In-Network Deductible/ Coinsurance[1]	Deductible/Coinsurance	In-Network Deductible/ Coinsurance[1]
Mental health and substance abuse						
Inpatient	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient	$45	$45 after MHE benefit[2]	$55	$55 after MHE benefit[2]	Deductible/Coinsurance	In-Network Deductible/ Coinsurance after MHE benefit[2]

1. Out-of-network urgent care and ground ambulance service charges are based on Maximum Reimbursable Charge (MRC) criteria and eligible billed charges. In rare cases, you may be subject to balance billing. Contact Cigna at 855.869.8619.
2. Mental Health Exception (MHE) Benefit: When utilizing out-of-network mental health providers through any Dartmouth medical plan, you or your covered family members may attend up to 12 lifetime visits with an out-of-network provider at a 20% member coinsurance cost. All visits beyond the initial 12 lifetime MHE visits are subject to in-network copayments on the OAP and CCF plans, and up to in-network deductible and coinsurance levels on the HDHP plan (balance billing may apply).

Prescription Drug Coverage Comparison Chart

For more information, visit dartgo.org/pharmacy.

Pharmacy	OAP	CCF	HDHP*
Retail pharmacy network (up to a 30-day supply)			
Generic	$20	$20	Deductible/Coinsurance
Preferred brand	$45	$45	Deductible/Coinsurance
Non-preferred brand	$65	$65	Deductible/Coinsurance
Home Delivery from Express Scripts Pharmacy or at a CVS Pharmacy (up to 90-day supply)			
Generic	$40	$40	Deductible/Coinsurance
Preferred brand	$90	$90	Deductible/Coinsurance
Non-preferred brand	$130	$130	Deductible/Coinsurance

*Preventive medications are available at no cost to members enrolled in a medical plan. Go to **express-scripts.com/dartmouth** to learn more.