

# 2026 Medical Plans

	Cigna Full Network HMO	Cigna PPO		Cigna HDHP 1700		Cigna HDHP 6000	
	Network only	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual deductible (individual/family)	\$500 / \$1,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,700 / \$3,400	\$3,400 / \$6,800	\$6,000 / \$12,000	\$10,000 / \$20,000
Coinsurance	You pay 20%; plan pays 80%	You pay 20%; plan pays 80%	You pay 40%; plan pays 60%	You pay 10% or 20%; plan pays 90% or 80%	You pay 30% or 40%; plan pays 70% or 60%	You pay 30%; plan pays 70%	You pay 50%; plan pays 50%
Annual out-of-pocket maximum (individual/family)	\$1,500 / \$3,000	\$4,000 / \$8,000	\$6,000 / \$12,000	\$3,400 / \$6,000	\$9,000 / \$18,000	\$7,500 / \$15,000	\$15,000 / \$30,000
Preventive care	You pay nothing in-network; covered 100%	You pay nothing in-network; covered 100%	Not covered	You pay nothing in-network; covered 100%	Not covered	You pay nothing in-network; covered 100%	Not covered
Primary care	\$30; deductible does not apply	You pay 20% after deductible	You pay 40% after deductible	You pay 10% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 50% after deductible
Specialist	\$50; deductible does not apply	You pay 20% after deductible	You pay 40% after deductible	You pay 10% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 50% after deductible
Telehealth	Same as Primary/Specialist	Same as Primary/Specialist	Same as Primary/Specialist	Same as Primary/Specialist	Same as Primary/Specialist	Same as Primary/Specialist	Same as Primary/Specialist
Urgent care	\$50; deductible does not apply	\$50; deductible does not apply		You pay 10% after deductible	You pay 10% after deductible	You pay 30% after deductible	
Emergency Room	\$200; deductible does not apply	\$200; deductible does not apply		You pay 20% after deductible		You pay 30% after deductible	
Physical, occupational, and speech therapy	60-day combined visit maximum per year	60-day combined visit maximum per year		60-day combined visit maximum per year		60-day combined visit maximum per year	
Chiropractic	\$50 copay; deductible does not apply; 30 visits annual limit	You pay 20% after deductible; 30 visits annual limit	You pay 40% after deductible; 30 visits annual limit	You pay 10% after deductible; 30 visits annual limit	You pay 30% after deductible; 30 visits annual limit	You pay 30% after deductible; 30 visits annual limit	You pay 50% after deductible; 30 visits annual limit
Prescriptions – 30-day supply at retail pharmacy Generic Brand Non-formulary	\$15; deductible does not apply \$50; deductible does not apply \$75; deductible does not apply	\$15; deductible does not apply \$30; deductible does not apply \$45; deductible does not apply		\$15 after deductible \$40 after deductible \$60 after deductible		\$10 after deductible \$30 after deductible \$50 after deductible	