

# Loyola University Maryland

Plan Name	Cigna QHDHP (High Deductible)		Cigna OAPIn (HMO)		Cigna OAP (PPO)	
Benefit Plan Year	July 1 - June 30		July 1 - June 30		July 1 - June 30	
PCP Required / Referrals Required	No / No		No / No		No / No	
Deductible / OOP Accrual Method	Aggregate / Aggregate		Embedded / Embedded		Embedded / Embedded	
Coinsurance (Plan Pays)	100%	99%	90%	Not Covered	75%	60%
<b>Member Pays</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Deductible</b>						
Individual Deductible	\$1,600	\$3,000	\$500	Not Covered	\$750	\$2,000
Family Deductible	\$3,200	\$6,000	\$1,500	Not Covered	\$2,250	\$4,000
<b>Out-of-Pocket Maximum</b>						
Individual OOP Max	\$4,000	\$6,000	\$2,000	Not Covered	\$3,000	\$6,000
Family OOP Max	\$6,550	\$12,000	\$5,500	Not Covered	\$9,000	\$12,000
<b>PCP/Preventive Care Services:</b>						
Well Child / Immunizations	No Charge	No Charge (AD)	No Charge	Not Covered	No Charge	No Charge (AD)
Routine Adult Physical	No Charge	No Charge (AD)	No Charge	Not Covered	No Charge	No Charge (AD)
Routine GYN Exam	No Charge	No Charge (AD)	No Charge	Not Covered	No Charge	No Charge (AD)
Mammograms	No Charge	No Charge (AD)	No Charge	Not Covered	No Charge	No Charge (AD)
Cancer Screenings (Pap Test, Prostate, Colorectal)	No Charge	No Charge (AD)	No Charge	Not Covered	No Charge	No Charge (AD)
<b>Office Visits, Labs and Testing</b>						
Office Visits (PCP / SPC)	No Charge (AD) / \$30 (AD)	1% (AD)	\$20 / \$35	Not Covered	\$25	40% (AD)
Imaging (MRA/MRS, MRI, PET & CAT scans)	No Charge (AD)	1% (AD)	10% (AD)	Not Covered	25% (AD)	40% (AD)
X-ray & Labs	No Charge (AD)	1% (AD)	10% (AD)	Not Covered	25%	40% (AD)
Physical, Speech and Occupational Therapy	\$30 (AD)	1% (AD)	\$35	Not Covered	25% (AD)	40% (AD)
<b>Emergency Care</b>						
ER (Emergency services only) - Waived if admitted	\$250 (AD)		\$250		\$250	
Urgent Care Center	\$50 (AD)	Covered as INN	\$35	Covered as INN	No Charge	Covered as INN
<b>Hospital Care Services</b>						
Inpatient Facility Services	\$300 (AD)	1% (AD)	10% (AD)	Not Covered	25%	40% (AD)
Outpatient Facility Services	\$300 (AD)	1% (AD)	10% (AD)	Not Covered	25% (AD)	40% (AD)
Inpatient Physician Services	No Charge (AD)	1% (AD)	10% (AD)	Not Covered	25%	40% (AD)
Outpatient Physician Services	No Charge (AD)	1% (AD)	No Charge	Not Covered	25% (AD)	40% (AD)
<b>Mental Health &amp; Substance Abuse Services</b>						
Inpatient Facility	\$300 (AD)	1% (AD)	10% (AD)	Not Covered	25%	40% (AD)
Outpatient Facility	No Charge (AD)	1% (AD)	No Charge (AD)	Not Covered	25%	40% (AD)
Office Visit	No Charge (AD)	1% (AD)	\$20	Not Covered	\$25	40% (AD)
<b>Prescription drugs</b>						
Deductible (Ind / Fam)	Medical Deductible Applies		None		None	
Out-of-Pocket Maximum (Ind / Fam)	Medical OOP Applies		Medical OOP Applies		Medical OOP Applies	
Generic Copay (34 days supply / 90 days supply)	No Charge (AD)	20% (AD)	\$10 / \$20		\$10 / \$20	20%
Preferred Brand Copay (34 days supply / 90 days supply)	\$25 (AD) / \$50 (AD)	20% (AD)	\$25 / \$50		\$25 / \$50	20%
Non-Preferred Brand Copay (34 days supply / 90 days supply)	\$45 (AD) / \$90 (AD)	20% (AD)	\$45 / \$90		\$45 / \$90	20%

AD = After Deductible

INN = In-Network

OOP = Out-Of-Pocket

PCP = Primary Care Physician