



FY2025 Employee Medical Plan Comparison

Effective July 1, 2024 — June 30, 2025

	Kaiser	Cigna Copay	Cigna Coinsurance	Cigna Choice + HSA	
				In-Network	Out-of-Network
Plan Type	Copay	Copay	Coinsurance	Coinsurance	
Network	In-network coverage only at Kaiser facilities	In-network coverage only in the Cigna OAP network	In-network coverage only in the Cigna OAP network	In- and out-of-network coverage	
Annual Deductible¹	\$0	\$0	\$0	\$1,600 Individual Tier \$3,200 Family Tier	\$3,200 Individual Tier \$6,400 Family Tier
Employer HSA Contribution²	N/A	N/A	N/A	Individual Tier: \$950/fiscal year Family Tier: \$1,900/fiscal year	
Preventive Care Routine well-person and child exams; immunizations; some preventive tests	No Charge	No Charge	No Charge	No Charge	30% coinsurance after deductible
PCP Office Visit	\$20 copay	\$30 copay	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible
Specialist Office Visit	\$40 copay	\$60 copay	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible
Physical Therapy	\$40 copay	\$45 copay	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible
Inpatient Hospital	\$200/admission	\$500/admission	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible
Outpatient Surgery/ Procedures	\$100/visit	\$250/visit	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible
Specialty Imaging (MRI, CT Scan)	\$75/test	\$100/visit	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible
Urgent Care	\$50/visit	\$75/visit	10% coinsurance	10% coinsurance after deductible	10% coinsurance after deductible
Emergency Room	\$200/visit	\$200/visit	10% coinsurance	10% Coinsurance after deductible	10% Coinsurance after deductible
Maternity Services	\$200 global maternity fee (see plan summary for details)	Global maternity fee (\$60) and hospital admission (\$500) (see plan summary for details)	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible

NOTE: Complete benefit summaries are available on AC Commons by going to: AC Commons > Benefits > Benefits > Medical & Vision



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				In-Network	Out-of-Network
Mental Health, Behavioral Health, and Substance Abuse Services Outpatient services	\$20/individual visit; \$10/group visit	\$30/copay	10% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible
				Inpatient services	\$200/admission
Prescription Drugs 30 Day Retail Supply (generic/preferred/non-preferred)	\$15 / \$30/ \$55 at KP \$20 / \$45 / \$60	\$10 / \$40 / \$80	Tier 1: Up to \$10 Tier 2: 25% up to \$50 Tier 3: 40% up to \$90	Tier 1: Up to \$10 after deductible Tier 2: 25% up to \$50 after deductible Tier 3: 40% up to \$90 after deductible	In-network coverage only
Prescription Drugs 90 Day Supply from Mail Order or 90 Now Pharmacy	\$30 / \$60 / \$110	\$20 / \$80 / \$160 <i>Certain generics are \$0</i>	Tier 1: Up to \$20 Tier 2: 25% up to \$100 max Tier 3: 40% up to \$180 max <i>Certain generics are \$0</i>	Tier 1: Up to \$20 after deductible Tier 2: 25% up to \$100 after deductible Tier 3: 40% up to \$180 after deductible <i>Certain generics are \$0</i>	In-network coverage only
Vision	Vision coverage included with medical plan	Vision coverage included with medical plan	Vision coverage included with medical plan	Vision coverage included with medical plan	
Out-of-Pocket Maximum (OOPM)³	\$2,250 Individual \$4,500 Family	\$6,600 Individual \$13,200 Family	\$3,500 Individual \$7,000 Family	\$5,000 Individual \$10,000 Family	\$10,000 Individual \$20,000 Family

¹ The **Annual Deductible** is tracked on a calendar-year basis (Jan – Dec) and resets every January 1 regardless of when you enroll. Members joining during Open Enrollment will be subject to the annual deductible from July 1, 2024 through December 31, 2024. You must reach the deductible before the plan will pay for covered services and prescriptions. The deductible will reset again on January 1, 2025.

² **Employer HSA contributions** are deposited each pay period over the fiscal year. Contributions are prorated based on enrollment effective date.

³ **Out-of-Pocket Maximum (OOPM)** – the Plan will pay 100% for covered services after a member reaches this limit. Biweekly premiums do not count toward reaching the annual OOPM. The OOPM is tracked on a Calendar Year basis (Jan – Dec) and resets every January 1.

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