



Medical Plan Comparison Chart



**Open Access Plus
(OAP) Plan⁴**



**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	\$600	\$1,200	\$1,600	\$3,200	\$3,300	\$4,100
Family	\$1,200	\$2,400	\$3,200	\$6,400	\$6,600	\$8,200
Out-of-pocket maximum¹						
Individual	\$2,500	\$5,000	\$4,000	\$6,000	\$4,200	\$6,500
Family	\$5,000	\$10,000	\$8,000	\$12,000	\$8,400	\$13,000
Coinsurance						
Individual	10%	30%	10%	30%	10%	30%
Family	10%	30%	10%	30%	10%	30%
Contribution from employer²	You may be eligible for a separate contribution in your HCFSA. Please see page 12 .			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/MD Live (see page 3)	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	\$25	Deductible/Coinsurance	\$35	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Specialist visit	\$35	Deductible/Coinsurance	\$50	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Chiropractic	\$25	Deductible/Coinsurance	\$35	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Physical, occupational, and speech therapies	\$25	Deductible/Coinsurance	\$35	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	\$35	Deductible/Coinsurance	\$50	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	\$125	\$125	\$175	\$125	Deductible/Coinsurance	In-Network Deductible/Coinsurance
Urgent care center	\$50	\$50 ¹	\$50	\$50 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	\$25	\$25 after MHE benefit ²	\$35	\$35 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 10% member coinsurance cost. (See [page 21](#).) 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).

Ask Emma Decision Support Tool

Which medical plan is best for me? How much should I save in my FSAs? Is an HSA right for me? We know you have questions about the best options for you and your family.

Dartmouth offers an easy-to-use, interactive tool—Ask Emma. When you begin your enrollment in FlexOnline, you'll be prompted for some basic medical information about you and your family. Ask Emma will then make personalized benefits recommendations. Please keep in mind that your responses to Ask Emma are completely confidential and will be used only to help you with your decision-making process.



Ask Emma provides a summary of your benefits and every attempt has been made to ensure its accuracy. Cost estimates are based on national averages and may not directly reflect medical costs in your geographic area. It is important to fully utilize all of the educational tools provided to you prior to enrolling in benefits, including, but not limited to, Ask Emma. This tool may provide estimates or suggestions, but only you can elect benefits to best suit your needs. Ask Emma is not an application for enrollment. Ask Emma does not create, receive, maintain, transmit, collect, or store any identifiable end-user information.