

BOWDOIN COLLEGE 2026 CIGNA HEALTH PLAN COMPARISON CHART (Effective January 1, 2026)	Open Access Plus Health Plan	Open Access Plus High Deductible Health Plan (HDHP) #1	Open Access Plus High Deductible Health Plan (HDHP) #2
		Health Savings Account (HSA) College Contribution \$825 per Individual \$1,650 per Family	Health Savings Account (HSA) College Contribution \$1,650 per Individual \$2,750 per Family
	In-Network	In-Network	In-Network
Preventive Services	Covered at 100%	Covered at 100%	Covered at 100%
Deductible	\$1,000 per Individual \$2,000 per Family	\$1,700 per Individual \$3,400 per Family	\$3,600 per Individual \$6,000 per Family
Coinsurance	Services are covered at 80% after the deductible	Services are covered at 80% after the deductible	Services are covered at 80% after the deductible
Out-of-Pocket Maximum (all covered medical expenses are paid at 100% once maximum is reached)	\$3,500 per Individual \$7,000 per Family (deductible + coinsurance + medical copays)	\$3,500 per Individual \$7,000 per Family (deductible + coinsurance)	\$7,000 per Individual \$11,000 per Family (deductible + coinsurance)
Office Visit Copay	\$20 PCP / \$50 Specialist	Services are covered at 80% after the deductible	Services are covered at 80% after the deductible
Emergency Room Copay	\$300 (\$50 Urgent Care Facility)	Services are covered at 80% after the deductible	Services are covered at 80% after the deductible
	*Out-of-Network	*Out-of-Network	*Out-of-Network
Deductible	\$1,000 per Individual \$2,000 per Family	\$1,700 per Individual \$3,400 per Family	\$3,600 per Individual \$6,000 per Family
Coinsurance	Services are covered at 60% after the deductible	Services are covered at 60% after the deductible	Services are covered at 60% after the deductible
Out-of-Pocket Maximum (all covered medical expenses are paid at 100% once maximum is reached)	\$3,500 per Individual \$7,000 per Family	\$3,500 per Individual \$7,000 per Family	\$7,000 per Individual \$11,000 per Family
	In-Network Pharmacy Benefit	In-Network Pharmacy Benefit	In-Network Pharmacy Benefit
Rx Retail Copay-30 day supply (step therapy and/or prior authorization applies to some prescriptions)	Tier 1 Generic \$10 Tier 2 Brand \$40 Tier 3 Non-Preferred \$90	Services are covered at 80% after the deductible	Services are covered at 80% after the deductible
Rx Mail Order-90 day supply (step therapy and/or prior authorization applies to some prescriptions)	Tier 1 Generic \$20 Tier 2 Brand \$100 Tier 3 Non-Preferred \$195	Services are covered at 80% after the deductible	Services are covered at 80% after the deductible
Rx Out-of-Pocket Maximum	\$ 7,100 per Individual \$14,200 per Family (separate from medical out-of-pocket maximum)	Out-of-pocket maximums listed above are inclusive of all services including Rx	Out-of-pocket maximums listed above are inclusive of all services including Rx
	Embedded Deductible & Out-of-Pocket Maximum	Non-Embedded Deductible & Out-of-Pocket Maximum	Embedded Deductible & Out-of-Pocket Maximum
Note: A family plan includes the following coverage levels: Employee + Spouse, Employee + Child(ren) and Employee + Family	No single individual on a family plan will have to pay a deductible or out-of-pocket maximum higher than the individual amount.	For a family plan the family deductible and family out-of-pocket maximum must be met by claims from a single family member or several different members combined.	No single individual on a family plan will have to pay a deductible or out-of-pocket maximum higher than the individual amount.

Out-of-Network coverage is subject to maximum allowances – balance billing allowed.

Revised 10/9/2025

Deductible and Out-of-Pocket maximums cross accumulate between in-network and out-of-network

Employee Monthly Contributions effective January 1, 2026:

Employee with an annual salary of \$45,000 and under:

Open Access Plus Health Plan	Open Access Plus HDHP #1	Open Access Plus HDHP #2
Employee - \$105	Employee - \$58	Employee - \$32
Employee + Child(ren) - \$316	Employee + Child(ren) - \$168	Employee + Child(ren) - \$127
Employee + Spouse - \$434	Employee + Spouse - \$267	Employee + Spouse - \$171
Employee + Family - \$434	Employee + Family - \$267	Employee + Family - \$171

Employee with an annual salary of \$45,001 to \$90,000:

Open Access Plus Health Plan	Open Access Plus HDHP #1	Open Access Plus HDHP #2
Employee - \$116	Employee - \$63	Employee - \$36
Employee + Child(ren) - \$378	Employee + Child(ren) - \$210	Employee + Child(ren) - \$171
Employee + Spouse - \$519	Employee + Spouse - \$340	Employee + Spouse - \$232
Employee + Family - \$519	Employee + Family - \$340	Employee + Family - \$232

Employee with an annual salary of \$90,001 to \$150,000:

Open Access Plus Health Plan	Open Access Plus HDHP #1	Open Access Plus HDHP #2
Employee - \$133	Employee - \$72	Employee - \$44
Employee + Child(ren) - \$455	Employee + Child(ren) - \$268	Employee + Child(ren) - \$233
Employee + Spouse - \$622	Employee + Spouse - \$426	Employee + Spouse - \$320
Employee + Family - \$622	Employee + Family - \$426	Employee + Family - \$320

Employee with an annual salary of \$150,001 and over:

Open Access Plus Health Plan	Open Access Plus HDHP #1	Open Access Plus HDHP #2
Employee - \$145	Employee - \$80	Employee - \$51
Employee + Child(ren) - \$493	Employee + Child(ren) - \$295	Employee + Child(ren) - \$259
Employee + Spouse - \$682	Employee + Spouse - \$472	Employee + Spouse - \$355
Employee + Family - \$682	Employee + Family - \$472	Employee + Family - \$355