BOWDOIN COLLEGE 2027 CIGNA HEALTH PLAN COMPARISON CHART (Effective January 1, 2027)	**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	$1,750 per Individual $3,500 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	$1,750 per Individual $3,500 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	$8,500 per Individual $17,000 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 10/2/2026

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

Employee Monthly Contributions effective January 1, 2027:

Employee with an annual salary of $50,000 and under:

Open Access Plus Health Plan	Open Access Plus HDHP #1	Open Access Plus HDHP #2
Employee - $113	Employee - $61	Employee - $34
Employee + Child(ren) - $335	Employee + Child(ren) - $178	Employee + Child(ren) - $135
Employee + Spouse - $460	Employee + Spouse - $283	Employee + Spouse - $181
Employee + Family - $460	Employee + Family - $283	Employee + Family - $181

Employee with an annual salary of $50,001 to $100,000:

Open Access Plus Health Plan	Open Access Plus HDHP #1	Open Access Plus HDHP #2
Employee - $126	Employee - $67	Employee - $38
Employee + Child(ren) - $412	Employee + Child(ren) - $223	Employee + Child(ren) - $181
Employee + Spouse - $561	Employee + Spouse - $360	Employee + Spouse - $246
Employee + Family - $561	Employee + Family - $360	Employee + Family - $246

Employee with an annual salary of $100,001 to $150,000:

Open Access Plus Health Plan	Open Access Plus HDHP #1	Open Access Plus HDHP #2
Employee - $148	Employee - $77	Employee - $47
Employee + Child(ren) - $505	Employee + Child(ren) - $287	Employee + Child(ren) - $249
Employee + Spouse - $690	Employee + Spouse - $456	Employee + Spouse - $342
Employee + Family - $690	Employee + Family - $456	Employee + Family - $342

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 - $161	Employee - $86	Employee - $55
Employee + Child(ren) - $547	Employee + Child(ren) - $316	Employee + Child(ren) - $277
Employee + Spouse - $757	Employee + Spouse - $505	Employee + Spouse - $380
Employee + Family - $757	Employee + Family - $505	Employee + Family - $380