

Open Access Plus (OAP) Plan

You may be eligible for a separate contribution in your HCFSA.

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 Family	\$500 \$1,000	\$1,000 \$2,000	\$1,500 \$3,000	\$3,000 \$6,000	\$2,800 \$5,600	\$4,100 \$8,200
Out-of-pocket maximum Individual Family	\$2,500 \$5,000	\$5,000 \$10,000	\$4,000 \$8,000	\$6,000 \$12,000	\$4,000 \$8,000	\$6,500 \$13,000
Coinsurance Individual Family	10% 10%	30% 30%	10% 10%	30% 30%	10% 10%	30% 30%
Contribution from employer¹ Individual Family	You may be eligible for a separate contribution in your HCFSA.		HRA \$500 \$1,000		HSA ² /HRA \$500 \$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
Office visit	\$25	Deductible/Coinsurance	\$35	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Specialist visits	\$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, diagnostic tests	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	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

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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	\$175	Deductible/Coinsurance	In-Network Deductible/ Coinsurance
Urgent care center	\$50	\$50	\$50	\$50	Deductible/Coinsurance	In-Network Deductible/ Coinsurance
Ambulance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Mental health and substance abuse						
Inpatient	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient	\$25	Deductible/Coinsurance ⁴	\$35	Deductible/Coinsurance ⁴	Deductible/Coinsurance	Deductible/Coinsurance ⁴

Pharmacy	OAP	CCF	НДНР				
Retail pharmacy network (up to a 30-day supply)							
Generic	\$7.50	\$7.50	Deductible/Coinsurance				
Preferred brand	\$30	\$30	Deductible/Coinsurance				
Non-Preferred brand	\$50	\$50	Deductible/Coinsurance				
Express Scripts mail service or CVS Pharmacy (up to 90-day supply)							
Generic	\$15	\$15	Deductible/Coinsurance				
Preferred brand	\$60	\$60	Deductible/Coinsurance				
Non-Preferred brand	\$100	\$100	Deductible/Coinsurance				

Prescription out-of-pocket maximum: Out-of-pocket maximum includes all prescription drug and medical expenses (copays, deductibles, and coinsurance).

- 1. Employer contributions to HRA accounts are available to use as of your first paycheck in January. Employer HSA contributions will be available to spend once you have activated your account with Fidelity.
- 2. The 2022 maximums for both employer and employee contributions are \$3,650 for an individual and \$7,300 for a family. HSA limits are set by the IRS. Employees who reach age 55 may make an additional catch-up contribution of up to \$1,000. The maximum contribution allowed is determined by the number of months you are enrolled in the medical plan during the year. Employer and incentive contributions reduce the maximum an employee can contribute by an amount equal to the contribution.
- 3. Certain in-network preventive care services and well-child care services are covered at no added cost to you. You have no deductible to meet for these services.
- 4. Mental Health Exception Benefit: When utilizing out-of-network mental health providers through any of Dartmouth College's medical plans, you or your covered family members may attend up to 12 visits with an out-of-network provider at a 10% member coinsurance cost. This exception benefit does not renew annually, therefore all visits beyond the initial 12 are subject to out-of-network deductibles and coinsurance.