



**Town of Coventry and Coventry BOE  
Benefit Outline CIGNA vs State Plan  
July 1, 2026 Renewal Date**

Current		CT State Plan 2.0	WELLNESS COMPLIANT IN-NETWORK	WELLNESS NON-COMPLIANT IN-NETWORK	OUT-OF-NETWORK
<b>Carrier/Network</b>	<b>CIGNA</b>	<b>Carrier/Network</b>	<b>Anthem BCBS</b>	<b>Anthem BCBS</b>	<b>Anthem BCBS</b>
Plan Type, Name, Network	Medical POS (2-Tier)	Deductible	N/A	\$350/person to \$1,400	\$300/\$900
Deductible (Individual / Family)	\$2,000 / \$4,000	Employer Portion of Deductible	N/A	N/A	N/A
Non-Network Deductible (Individual / Family)	\$2,000 / \$4,000	Employee Portion of Deductible	N/A	\$350/person to \$1,400	\$300/\$900
Out-of-Pocket Maximum (Individual / Family)	\$2,000 / \$4,000	Co-insurance	100%	100%	80/20%
Non-Network OOP Max (Individual / Family)	\$4,000 / \$8,000	Maximum Out of Pocket	\$2,000/\$4,000	\$2,000/\$4,000	\$2,300/\$4,900
Deductible / OOP Embedded / Non-Embedded	Non-Embedded	Maximum Lifetime Benefit Per Member	Unlimited	Unlimited	Unlimited
Prescription OOP Max (Individual / Family)	Included in Medical	Gatekeeper Network	No	No	No
Prescription Deductible (Individual / Family)	N/A	<b>PREVENTIVE CARE:</b>			
Coinsurance (In / Out)	100% / 80%	Well child care (to sched.)	No charge	No charge	Ded. & Coins.
Wellness / Preventive Care	100%	Periodic, routine health examination (to sched.)	No charge	No charge	Ded. & Coins.
Primary Care Office Visit	100% after deductible	Routine eye exams	No charge	No charge	Ded. & Coins.
Specialist Office Visit	100% after deductible	Routine OB/GYN visits	No charge	No charge	Ded. & Coins.
Walk-In / Urgent Care Visit	100% after deductible	Mammography (to sched.)	No charge	No charge	Ded. & Coins.
Emergency Room	100% after deductible	Hearing Screening	No charge	No charge	Ded. & Coins.
Outpatient Lab / X-Ray	100% after deductible	<b>MEDICAL CARE:</b>		<i>Must Meet Ded. First</i>	
Complex Imaging (MRI, CAT, PET, et al.)	100% after deductible	Office Visits (Primary)	\$15 copay	\$15 copay	Ded. & Coins.
Outpatient Surgical Facility	100% after deductible	Office Visits (Specialist)	\$15 copay	\$15 copay	Ded. & Coins.
Inpatient Hospital Facility	100% after deductible	Outpatient Mental Health & Substance Abuse	\$15 copay	\$15 copay	Ded. & Coins.
Retail Prescription Drug Copays	100% after deductible	Diagnostic lab and x-ray	No charge	No charge	Ded. & Coins.
Mail Order Prescription Drug Copays	100% after deductible	High cost imaging (MRI, CAT, PET, etc.)	No charge	No charge	Ded. & Coins.
Specialty Prescription Drugs	100% after deductible	Allergy Services - Office Visit and Testing	\$15 copay	\$15 copay	Ded. & Coins.
		Allergy Services - Injections (80 within 3 yrs.)	No charge	No charge	Ded. & Coins.
		<b>HOSPITAL CARE</b>		<i>Must Meet Ded. First</i>	
		Inpatient Hospitalization	No charge	No charge	Ded. & Coins.
		Skilled Nursing Facility (120 days per year)	No charge	No charge	Ded. & Coins.
		Rehabilitative Services (60 days per year)	No charge	No charge	Ded. & Coins.
		Outpatient Surgery	No charge	No charge	Ded. & Coins.
		<b>EMERGENCY/URGENT CARE</b>		<i>Must Meet Ded. First</i>	
		Emergency Room	\$250 copay	\$35 copay	Same as In-Network
		Urgent Care	\$15 copay	\$15 copay	Ded. & Coins.
		Ambulance	No charge	No charge	Same as In-Network
		<b>OTHER SERVICES</b>		<i>Must Meet Ded. First</i>	
		Physical, Occupational, Speech & Chiro Copay	No charge	No charge	Ded. & Coins.
		Physical, Occupational, Speech & Chiro Limit	Not Specified	Not Specified	Ded. & Coins.
		Durable Medical Equipment (Unlimited)	No charge	No charge	Ded. & Coins.
		Home Health Care	Not Specified	Not Specified	Ded. & Coins.
		<b>PRESCRIPTION</b>			
		Retail	\$5/10/25 Maintenance	\$5/10/25 Maintenance	Ded. & Coins.
		Mail Order	\$5/20/35 Non-Maint.	\$5/20/35 Non-Maint.	Ded. & Coins.
		Annual	Not Specified	Not Specified	Ded. & Coins.
			Unlimited	Unlimited	