

# WHAT'S CHANGING FOR FY26

## MEDICAL PLAN DESIGN COMPARISON – OAP HSA (HDHP)

In addition to the annual medical premium changes, certain Cigna medical plan design changes will be implemented effective July 1, 2025 to offset the unrepresented renewal increase.

The information included on this chart illustrates the current Cigna OAP HSA (HDHP) medical plan benefits offered by Loyola versus the renewing Cigna HDHP medical plan benefits that will be offered in 2025-2026. There is no change to the Cigna Open Access Plus network. Please note, any benefit changes being implemented for the 2025-2026 plan year are reflected in red.

For those employees who elect the Cigna HDHP for the 2025-2026 plan year, there will be an increase in Loyola's Health Savings Account (HSA) contribution amount. Loyola's annual HSA contribution amount is deposited as a lump sum at the beginning of the plan year into your Bank of America HSA:

- **Individual: \$800 per year (vs \$500)**
- **Family: \$1,600 per year (vs \$1,000)**

Carrier	2024-2025 CURRENT Cigna Plan		2025-2026 RENEWING Cigna Plan	
	Cigna		Cigna	
Plan Name	OAP HSA (QHDHP)		OAP HSA (QHDHP)	
PCP Required / Referrals Required	No / No		No / No	
Benefit Period	Contract Year		Contract Year	
Deductible / OOP Accrual Method	Aggregate / Aggregate		Aggregate / Aggregate	
Coinsurance (Plan Pays)	100%	99%	90%	70%
<b>Member Pays</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Deductible</b>				
Individual Deductible	\$1,600	\$3,000	\$2,000	\$4,000
Family Deductible	\$3,200	\$6,000	\$4,000	\$8,000
<b>Out-of-Pocket Maximum</b>				
Individual OOP Max	\$4,000	\$6,000	\$5,000	\$9,000
Family OOP Max	\$6,550	\$12,000	\$9,200	\$18,000
<b>PCP/Preventive Care Services:</b>				
Well Child / Immunizations	No Charge	No Charge (AD)	No Charge	30% (AD)
Routine Adult Physical	No Charge	No Charge (AD)	No Charge	30% (AD)
Routine GYN Exam	No Charge	No Charge (AD)	No Charge	30% (AD)
Mammograms	No Charge	No Charge (AD)	No Charge	30% (AD)
Cancer Screenings (Pap Test, Prostate, Colorectal)	No Charge	No Charge (AD)	No Charge	30% (AD)
<b>Office Visits, Labs and Testing</b>				
Office Visits (PCP / SPC)	No Charge (AD) / \$30 (AD)	1% (AD)	\$25 (AD) / \$50 (AD)	30% (AD)
Imaging (MRA/MRS, MRI, PET & CAT scans)	No Charge (AD)	1% (AD)	10% (AD)	30% (AD)
X-ray & Labs	No Charge (AD)	1% (AD)	10% (AD)	30% (AD)
Physical, Speech and Occupational Therapy	\$30 (AD)	1% (AD)	\$50 (AD)	30% (AD)
<b>Emergency Care</b>				
ER (Emergency services only) - Waived if admitted	\$250 (AD)		\$300 (AD)	
Urgent Care Center	\$50 (AD)	Covered as INN	\$75 (AD)	30% (AD)
<b>Hospital Care Services</b>				
Inpatient Facility Services	\$300 (AD)	1% (AD)	10% (AD)	30% (AD)
Outpatient Facility Services	\$300 (AD)	1% (AD)	10% (AD)	30% (AD)
Inpatient Physician Services	No Charge (AD)	1% (AD)	10% (AD)	30% (AD)
Outpatient Physician Services	No Charge (AD)	1% (AD)	10% (AD)	30% (AD)
<b>Mental Health &amp; Substance Abuse Services</b>				
Inpatient Facility	\$300 (AD)	1% (AD)	10% (AD)	30% (AD)
Outpatient Facility	No Charge (AD)	1% (AD)	10% (AD)	30% (AD)
Office Visit	No Charge (AD)	1% (AD)	10% (AD)	30% (AD)
<b>Prescription drugs</b>				
Deductible (Ind / Fam)	Medical Deductible Applies		Medical Deductible Applies	
Out-of-Pocket Maximum (Ind / Fam)	Medical OOP Applies		Medical OOP Applies	
Generic Copay (34 days supply / 90 days supply)	No Charge (AD)	20% (AD)	\$10 (AD) / \$20 (AD)	30% (AD)
Preferred Brand Copay (34 days supply / 90 days supply)	\$25 (AD) / \$50 (AD)	20% (AD)	\$35 (AD) / \$70 (AD)	30% (AD)
Non-Preferred Brand Copay (34 days supply / 90 days supply)	\$45 (AD) / \$90 (AD)	20% (AD)	\$80 (AD) / \$160 (AD)	30% (AD)
Specialty Copay	\$45 (AD) / \$90 (AD)	20% (AD)	\$80 (AD) / \$160 (AD)	30% (AD)

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## MEDICAL PLAN DESIGN COMPARISON – OAP (PPO)

In addition to the annual medical premium changes, certain Cigna medical plan design changes will be implemented effective July 1, 2025 to offset the unrepresented renewal increase.

The information included on this chart illustrates the current Cigna OAP (PPO) medical plan benefits offered by Loyola versus the renewing Cigna PPO medical plan benefits that will be offered in 2025-2026. There is no change to the Cigna Open Access Plus network. Please note, any benefit changes being implemented for the 2025-2026 plan year are reflected in red.

Carrier	2024-2025 CURRENT Cigna Plan		2025-2026 RENEWING Cigna Plan	
	Cigna		Cigna	
Plan Name	OAP (PPO)		OAP (PPO)	
PCP Required / Referrals Required	No / No		No / No	
Benefit Period	Contract Year		Contract Year	
Deductible / OOP Accrual Method	Embedded / Embedded		Embedded / Embedded	
Coinsurance (Plan Pays)	75%	60%	75%	60%
Member Pays	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Individual Deductible	\$750	\$2,000	\$1,500	\$4,500
Family Deductible	\$2,250	\$4,000	\$4,500	\$9,000
Out-of-Pocket Maximum				
Individual OOP Max	\$3,000	\$6,000	\$5,000	\$7,000
Family OOP Max	\$9,000	\$12,000	\$10,000	\$14,000
PCP/Preventive Care Services:				
Well Child / Immunizations	No Charge	No Charge (AD)	No Charge	No Charge (AD)
Routine Adult Physical	No Charge	No Charge (AD)	No Charge	No Charge (AD)
Routine GYN Exam	No Charge	No Charge (AD)	No Charge	No Charge (AD)
Mammograms	No Charge	No Charge (AD)	No Charge	No Charge (AD)
Cancer Screenings (Pap Test, Prostate, Colorectal)	No Charge	No Charge (AD)	No Charge	No Charge (AD)
Office Visits, Labs and Testing				
Office Visits (PCP / SPC)	\$25	40% (AD)	\$25 / \$50	40% (AD)
Imaging (MRA/MRS, MRI, PET & CAT scans)	25% (AD)	40% (AD)	25% (AD)	40% (AD)
X-ray & Labs	25%	40% (AD)	25%	40% (AD)
Physical, Speech and Occupational Therapy	25% (AD)	40% (AD)	25% (AD)	40% (AD)
Emergency Care				
ER (Emergency services only) - Waived if admitted		\$250		\$300
Urgent Care Center	No Charge	Covered as INN	\$75	40% (AD)
Hospital Care Services				
Inpatient Facility Services	25%	40% (AD)	25% (AD)	40% (AD)
Outpatient Facility Services	25% (AD)	40% (AD)	25% (AD)	40% (AD)
Inpatient Physician Services	25%	40% (AD)	25% (AD)	40% (AD)
Outpatient Physician Services	25% (AD)	40% (AD)	25% (AD)	40% (AD)
Mental Health & Substance Abuse Services				
Inpatient Facility	25%	40% (AD)	25% (AD)	40% (AD)
Outpatient Facility	25%	40% (AD)	25% (AD)	40% (AD)
Office Visit	\$25	40% (AD)	\$50	40% (AD)
Prescription drugs				
Deductible (Ind / Fam)	None		\$200 / \$600	
Out-of-Pocket Maximum (Ind / Fam)	Medical OOP Applies		Medical OOP Applies	
Generic Copay (34 days supply / 90 days supply)	\$10 / \$20	20%	\$15 / \$30	40% (AD)
Preferred Brand Copay (34 days supply / 90 days supply)	\$25 / \$50	20%	\$40 (AD) / \$80 (AD)	40% (AD)
Non-Preferred Brand Copay (34 days supply / 90 days supply)	\$45 / \$90	20%	\$70 (AD) / \$140 (AD)	40% (AD)
Specialty Copay	\$45 / \$90	20%	\$70 (AD) / \$140 (AD)	40% (AD)