

Newport-Mesa USD	Kaiser	Cigna Select	Cigna	Cigna	
2026 - 27 Medical Plan Options Retirees Age 55-64	HMO - CA & Select Areas	SELECT (HMO) CA Only	NETWORK (HMO) CA Only	OPEN ACCESS PLUS (OAP) Nationwide except HI	
	Network Only	Network Only	Network Only	In-Network	Out-of-Network
DEDUCTIBLES/MAXIMUMS					
Calendar Year Deductible (Ind / Fam)	None	None	None	\$2,000 / \$6,000	\$2,500 / \$7,500
Annual Out of Pocket Max (Ind / Fam)	\$1,500 / \$3,000	\$1,000 / \$2,000	\$1,500 / \$3,000	\$6,000 / \$18,000	\$8,000 / \$24,000
PHYSICIAN SERVICES					
PCP Office Visits	\$10 co-pay	\$10 co-pay	\$25 co-pay	\$60 co-pay	50% after Ded
Specialist Office Visit	\$15 co-pay	\$15 co-pay	\$30 co-pay	\$70 co-pay	50% after Ded
	kp.org	TeleHealth			
Online Visit	No Co-pay	\$10 co-pay	\$25 co-pay	\$40 co-pay	Not Available
PREVENTIVE CARE					
Preventive Care / Immunizations	No Co-pay	No Co-pay	No Co-pay	No Co-pay (Ded. waived)	Birth to Age 16 - 50% Age 17 & up Not Covered
Mammogram / PAP / PSA	No Co-pay	No Co-pay	No Co-pay	No Co-pay (Ded. waived)	Birth to Age 16 - 50% Age 17 & up Not Covered
INPATIENT					
Inpatient Hospital Facility	\$250/admit	\$250/admit then no Co-pay	\$250/admit then no Co-pay	\$250/admit + 20% after Ded	\$500 admit + 50% after Ded
Inpatient Professional Services	\$250/admit	No Co-pay	No Co-pay	20% after Ded	50% after Ded
OUTPATIENT					
Outpatient Facility	\$10 or \$15 Co-pay	\$25 Co-pay	\$25 Co-pay	20% after Ded	50% after Ded
Emergency Room Co-pay	\$150 co-pay	\$150 Co-pay (Waived if admitted)	\$150 Co-pay (Waived if admitted)	\$250 co-pay after deductible (co-pay waived if admitted)	
Urgent Care	\$10 Co-pay	\$25 Co-pay (Waived if admitted)	\$25 Co-pay (Waived if admitted)	\$55 co-pay after Ded (Waived if admitted)	
Ambulance Services	\$50 Co-pay	No Co-pay	No Co-pay	20% after Ded	
PRESCRIPTIONS					
Retail Generic/Day Supply	\$5 Co-pay/100 days	\$5 Co-pay/30 days	\$5 Co-pay/30 days	\$20 co-pay/30 days	not covered
Preferred Brand Day Supply	\$35 Co-pay/100 days	\$35 Co-pay/30 days	\$35 Co-pay/30 days	\$50 co-pay/30 days	not covered
Non Preferred/Specialty Day Supply	\$60 Co-pay/30 days	\$50 Co-pay/30 days	\$50 Co-pay/30 days	\$80 co-pay/30 days	not covered
Home Delivery-Generic/Day Supply	\$5 Co-pay/100 days	\$5 Co-pay/90 days	\$5 Co-pay/90 days	\$50 co-pay/90 days	not covered
Home Delivery-Preferred/Day Supply	\$35 Co-pay/100 days	\$35 Co-pay/90 days	\$35 Co-pay/90 days	\$125 co-pay/90 days	not covered
Home Delivery-Specialty/Day Supply	\$60 Co-pay/30 days	\$50 Co-pay/90 days	\$50 Co-pay/90 days	\$200 co-pay/90 days	not covered

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OTHER BENEFITS					
Chiropractic	\$15 Co-pay	\$15 co-pay (Rider)	\$25 or \$30 PCP / Specialist co-pay (Rider)	\$60 or \$70 PCP / Specialist co-pay	50% after Ded
	30 visits/calendar year	unlimited days	24 visits/calendar year	20 visits per calendar year	
Physical Therapy	\$10 Co-pay	\$10 co-pay / \$15 Specialist	\$25 or \$30 PCP / Specialist co-pay	\$60 or \$70 PCP / Specialist co-pay	50% after Ded
		unlimited days	unlimited days	20 visits per calendar year	
Allergy Treatment	\$10 or \$15 PCP / Specialist copay	\$10 or \$15 PCP / Specialist copay	\$25 or \$30 PCP / Specialist co-pay	\$60 or \$70 PCP / Specialist co-pay	50% after Ded
Acupuncture	Not covered	Not covered	Not covered	\$60 or \$70 PCP / Specialist co-pay	50% after Ded
				12 days max per cal year	
Diagnostic X-ray and Lab	No Co-pay	No Co-pay	No Co-pay	Applicable office copay applies	50% after Ded
Advanced Imaging	No Co-pay	No Co-pay	No Co-pay	\$65 Office co-pay 20% Outpt Facility after Ded	50% after Ded
Durable Medical Equipment	No Co-pay	No Co-pay	No Co-pay	20% after Ded	50% after Ded
Hearing Aids	\$3,000 max allowable per 36 months (per ear)	\$5,000 max allowable per calendar year	\$5,000 max allowable per calendar year	20% after Ded	50% after Ded
				\$5,000 max allowable benefit every 3 years (after deductible)	
Organ & Tissue Transplants	\$250 admit	\$250 admit then no Co-pay	\$250 admit then no Co-pay	\$250 admit + 20% after Ded (Non Life Source Facility)	Not covered
Skilled Nursing Care (Utilization review required for skilled nursing facility stay) 100 calendar days	No Co-pay	No Co-pay	No Co-pay	20% after Ded	50% after Ded
Home Health Limited to 100 calendar days	No Co-pay	No Co-pay	No Co-pay	20% after Ded	50% after Ded
Mental Health & Substance Abuse					
Inpatient Care Facility-based care	\$250 per admit	\$250 per admit then no Co-pay	\$250 per admit then no Co-pay	\$250/admit + 20% after Ded	\$500/admit + 50% after Ded
Outpatient Care	\$10 per visit individual	\$10 Office co-pay	\$30 Office co-pay	\$70 co-pay	50% after Ded
Note: This is a snapshot summary for comparison and general information, it is not intended to replace the Summary of Benefit Coverage. For more plan specifics see Newport-Mesa USD's insurance certificate, Summary of Benefit Coverage at www.nmusd.us/benefits. Or from the contact information listed in the front of the Benefit Book.					