



2025 Health Plan Highlights

Below is a high-level side-by-side comparison of all 2025 plan options. For more details, go to **My OC Benefits** at mybenefits.ocgov.com or call your plan's Member Service Department.

Employees

	Cigna Choice HMO	Cigna Select HMO	Kaiser HMO	Sharewell PPO	Wellwise PPO
Annual Deductible (the amount you pay before plan pays benefits)	None	None	None	Network/Non-network combined: \$5,000 Applies to: Medical and prescription drug claims	Network: \$500 individual/\$1,000 family Non-network: \$750 individual/\$1,500 family Applies to: Medical claims (not prescription drugs)
Annual Out-of-Pocket Maximum (the most you pay in a year)	\$1,000 individual \$2,000 family	\$750 individual \$1,500 family	\$1,500 individual \$3,000 family	Network: \$6,000 family Non-network: \$12,000 family	Network (medical): \$2,500 individual/\$5,000 family Non-network (medical): \$5,000 individual/10,000 family Prescription drugs: \$4,100 individual/\$8,200 family
Office Visits	\$20 per visit	Primary care: \$5 per visit Specialist: \$10 per visit	\$20 per visit	Network: 10% coinsurance after deductible Non-network: 30% coinsurance after deductible	
Labs and X-rays	No charge	No charge	No charge	Network: 10% coinsurance after deductible Non-network: 30% coinsurance after deductible (complex imaging requires prior authorization, except in an emergency)	
Chiropractic Care	\$15 per visit (up to 30 visits/year)	\$10 per visit	\$15 per visit (up to 30 visits/year)	Network: 10% coinsurance after deductible (up to 25 visits/year, network and non-network combined) Non-network: 30% coinsurance after deductible (up to 25 visits/year, network and non-network combined)	
Inpatient Hospital	\$100 per admission	\$100 per admission	\$100 per admission	Network: 10% coinsurance after deductible Non-network: 30% coinsurance after deductible (50% if no pre-admission review)	

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Employees (continued)

	Cigna Choice HMO	Cigna Select HMO	Kaiser HMO	Sharewell PPO	Wellwise PPO
Emergency Room (as defined by the plan)	\$50 per visit	\$50 per visit	\$50 per visit	<p>Network: 10% coinsurance after deductible</p> <p>Non-network: 10% coinsurance after deductible; member also pays for charges in excess of usual, reasonable and customary amounts</p>	
Urgent Care	\$25 per visit	\$25 per visit	\$20 per visit	<p>Network: 10% coinsurance after deductible</p> <p>Non-network: 30% coinsurance after deductible</p>	
Mental Health <i>*see below</i>	<p>Outpatient: \$20 per visit</p> <p>Inpatient: \$100 per admission</p>	<p>Outpatient: \$10 per visit</p> <p>Inpatient: \$100 per admission</p>	<p>Outpatient: \$20 per visit</p> <p>Inpatient: \$100 per admission</p>	<p>Network (outpatient/inpatient): 10% coinsurance after deductible</p> <p>Non-network (outpatient): 30% coinsurance after deductible (prior authorization required, except for office visits)</p> <p>Non-network (inpatient): 30% coinsurance after deductible (50% if no pre-admission review)</p>	
Prescription Drugs (other exclusions, limits and requirements set by the plan)	<p>Up to 30-day supply: Generic: \$10 Brand: \$30 Nonformulary: \$50</p> <p>Up to 90-day supply: 2x copays noted above</p>	<p>Up to 30-day supply: Generic: \$10 Brand: \$30 Nonformulary: \$50</p> <p>Up to 90-day supply: 2x copays noted above</p>	<p>Up to 100-day supply: Generic: \$10 Brand: \$30</p> <p>Up to 30-day supply: Specialty: \$30</p>	<p>Network only: Through OptumRx 20% coinsurance after deductible with important requirements and considerations (refer to Plan Document and Summary of Benefits and Coverages (SBC))</p>	<p>Network only: Through OptumRx Deductible does not apply Tier 1: 20% coinsurance Tier 2: 25% coinsurance Tier 3: 30% coinsurance</p>
Plan Contact Information	<p>1-888-806-5042 7 days/week, 24 hours a day (closed holidays)</p> <p>cigna.com/countyoforange</p>	<p>1-888-806-5042 7 days/week, 24 hours a day (closed holidays)</p> <p>cigna.com/countyoforange</p>	<p>1-800-514-0985 7 days/week, 24 hours a day (closed holidays)</p> <p>my.kp.org/oc</p>	<p>Medical: Blue Shield 1-888-235-1767 blueshieldca.com/oc</p> <p>Pharmacy: OptumRx 1-800-573-3583 optumrx.com</p>	<p>Medical: Blue Shield 1-888-235-1767 blueshieldca.com/oc</p> <p>Pharmacy: OptumRx 1-800-573-3583 optumrx.com</p>