

PHCS/ RBP							
IN-NETWORK BENEFITS	1000 CLASSIC	1500 CLASSIC	2500 CLASSIC	3500 CLASSIC	5000 CLASSIC	5000 HSA	7350
<b>Plan Design</b>	RBP	RBP	RBP	RBP	RBP	RBP	RBP
<b>Deductible</b> Individual / Family	\$1,000/\$2,000	\$1,500/\$3,000	\$2,500/\$5,000	\$3,500/\$7,000	\$5,000/\$10,000	\$5,000 / \$10,000	\$7,350/\$14,700
<b>Coinsurance</b> Plan Pays /Member Pays	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	100%
<b>Out-of-Pocket Maximum</b> Individual / Family	\$5,000/\$10,000	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,350 / \$14,700	\$6,550/\$13,100	\$7,350/\$14,700
<b>Routine Preventive Services (Non Diagnostic)</b>	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived
<b>Inpatient Hospital</b> (patient responsibility)	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.
<b>Out Patient Services Surgical Services</b> (Procedure & Anesthesia)	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.
<b>Free Standing Lab &amp; Diagnostic Services</b> (Lab & x-ray)	0% when performed and billed in an outpatient facility	0% when performed and billed in an outpatient facility	0% when performed and billed in an outpatient facility	0% when performed and billed in an outpatient facility	0% when performed and billed in an outpatient facility	Facility: 20% no ded. Professional: 20% after ded.	0% when performed and billed in an outpatient facility
<b>Complex Diagnostic Services</b> (CT Scan, MRI, Ultra Sound, PET, Nuclear Medicine)	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.
<b>Emergency Room</b>	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.
<b>Urgent Care</b>	\$40 Copay	\$80 Copay	\$80	\$90 Copay	\$90 Copay	20% after deductible	\$100 Copay
<b>Primary Care / Specialist</b>	\$20/\$40 Copay	\$40/\$80 Copay	\$40/\$80 Copay	\$45/\$90 Copay	\$45/\$90 Copay	20% after deductible	\$50/\$100 Copay
<b>Telemedicine</b>	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
<b>Prescription Drug</b>	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible	None	None	None	None	None	None	None
Retail (31 Days)	\$15/\$45/\$85	\$15/\$45/\$85	\$15/\$45/\$85	\$15/\$65/\$100	\$15/\$65/\$100	Drug Discount Card	Drug Discount Card
Mail Order (90 Days)	\$45/\$90/\$150	\$45/\$90/\$150	\$45/\$90/\$150	\$45/\$90/\$150	\$45/\$90/\$150	Drug Discount Card	Drug Discount Card



### CIGNA NETWORK

<b>Complex Diagnostic Services</b> (CT Scan, MRI, Ultra Sound, PET, Nuclear Medicine)	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.
<b>Emergency Room</b>	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.
<b>Urgent Care</b>	\$80 Copay	\$80 Copay	\$80	\$80 Copay	\$90 Copay	20% after deductible	\$100 Copay
<b>Primary Care / Specialist</b>	\$40/\$80 Copay	\$40/\$80 Copay	\$40/\$80 Copay	\$40/\$80 Copay	\$45/\$90 Copay	20% after deductible	\$50/\$100 Copay
<b>Telemedicine</b>	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
<b>Prescription Drug</b>	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
<b>Deductible</b>	None	None	None	None	None	None	None
<b>Retail (31 Days)</b>	\$15/\$45/\$85	\$15/\$45/\$85	\$15/\$45/\$85	\$15/\$45/\$85	\$15/\$65/\$100	Drug Discount Card	Drug Discount Card
<b>Mail Order (90 Days)</b>	\$45/\$90/\$150	\$45/\$90/\$150	\$45/\$90/\$150	\$45/\$90/\$150	\$45/\$90/\$150	Drug Discount Card	Drug Discount Card
<b>NON-NETWORK SERVICES</b>	<b>1000 CLASSIC</b>	<b>1500 CLASSIC</b>	<b>2500 CLASSIC</b>	<b>3500 CLASSIC</b>	<b>5000 CLASSIC</b>	<b>5000 HSA</b>	<b>7350</b>
<b>Coinsurance</b> Plan Pays/Member Pays	60%/40%	60%/40%	60%/40%	60%/40%	60%/40%	60%/40%	50%/50%
<b>Deductible</b> Individual/Family	\$3,000/\$6,000	\$3,000/\$6,000	\$5,000/\$10,000	\$7,000/\$14,000	\$10,000/\$20,000	\$10,000/\$20,000	\$14,700/\$29,400
<b>Out of Pocket Maximum</b> Individual/Family	\$14,700/\$29,400	\$14,700/\$29,400	\$14,700/\$29,400	\$14,700/\$29,400	\$14,700/\$29,400	\$20,000/\$40,000	\$14,700/\$29,400

NOTE: Precertification is required for all in-hospital admissions, chemotherapy, diagnostic testing and outpatient surgery. Penalty may apply for not obtaining precertification.

This comparison describes the plan in an easy understood manner and presented as a matter of general information. The contents are not to be accepted as a substitute for the provision of the plan.