



RBP								
Prescription Drug	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible	None	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	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	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>3500 HSA</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%	60%/40%
<b>Deductible</b> Individual/Family	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$10,000/\$20,000	\$14,700/\$29,400
<b>Out of Pocket Maximum</b> Individual/Family	\$10,000/\$20,000	\$20,000/\$40,000	\$20,000/\$40,000	\$20,000/\$40,000	\$20,000/\$40,000	\$20,000/\$40,000	\$13,100/\$20,000	\$14,700/\$29,400

CIGNA								
IN-NETWORK BENEFITS	1000	1500	2500	3500	5000	3500 HSA	5000 HSA	7350
<b>Plan Design</b>	PPO	PPO	PPO	PPO	PPO	PPO HSA	PPO HSA	PPO
<b>Deductible</b> Individual / Family	\$1,000/\$2000	\$1,500/\$3,000	\$2,500/\$5,000	\$3,500/\$7,000	\$5,000/\$10,000	\$3,500/\$7,000	\$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%	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	\$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	No Member Cost Sharing Deductible Waived
<b>Inpatient Hospital</b> (patient responsibility)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	0% after deductible

CIGNA								
<b>Out Patient Services</b> <b>Surgical Services</b> (Procedure & Anesthesia)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	0% after deductible
<b>Free Standing Lab &amp; Diagnostic Services</b> (Lab & x-ray)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	0% after deductible
<b>Complex Diagnostic Services</b> (CT Scan, MRI, Ultra Sound, PET, Nuclear Medicine)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	0% after deductible
<b>Emergency Room</b>	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	0% after deductible
<b>Urgent Care</b>	\$40 Copay	\$80 Copay	\$80 Copay	\$90 Copay	\$90 Copay	20% after deductible	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	20% after deductible	\$50/\$100 Copay
<b>Telemedicine</b>	\$0 Copay	\$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	In-Network
Deductible	None	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	Subject to Medical Ded	Subject to Medical Ded	Drug Discount Card
Mail Order (90 Days)	\$45/\$90/\$150	\$45/\$90/\$150	\$45/\$90/\$150	\$45/\$90/\$150	\$45/\$90/\$150	\$45/\$90/\$150	\$45/\$90/\$150	Drug Discount Card
<b>NON-NETWORK SERVICES</b>	<b>1000</b>	<b>1500</b>	<b>2500</b>	<b>3500</b>	<b>5000 CLASSIC</b>	<b>3500 HSA</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%	60%/40%	50%/50%
<b>Deductible</b> Individual/Family	\$2,000/\$4000	\$3,000/\$6000	\$5,000/\$10,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$10,000/\$20,000	\$14,700/\$29,400
<b>Out of Pocket Maximum</b> Individual/Family	\$10,000/\$20,000	\$14,700/\$29,400	\$14,700/\$29,400	\$14,700/\$29,400	\$14,700/\$29,400	\$20,000/\$40,000	\$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.