

Premier PPO™ - Bronze 4.4

HSA plan | Cigna PPO network

Monthly premiums and member cost sharing at a glance

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DEDUCTIBLE		OUT-OF-POCKET MAXIMUM	
INDIVIDUAL		INDIVIDUAL	
\$6,000	\$9,000	\$7,000	\$14,000
IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
FAMILY		FAMILY	
\$12,000	\$18,000	\$14,000	\$28,000
IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK

Monthly premiums

Standard plan rates before any employer contribution

EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
\$607.89	\$1,019.99	\$974.20	\$1,707.59

What you pay for covered care

Unless noted, amounts below are after the applicable deductible

OFFICE AND URGENT CARE		FACILITY AND OTHER CARE		PRESCRIPTION DRUGS	
Preventive care	\$0	Diagnostic tests	30%	Generic	0%
In network; deductible waived		X-rays and blood work		Retail prescription; after deductible	
Primary care	30%	Advanced imaging	30%	Preferred brand	25%
After deductible		CT, PET and MRI		Retail prescription; after deductible	
Specialist	30%	Outpatient surgery	30%	Non-preferred brand	45%
After deductible		Facility and physician services		Retail prescription; after deductible	
Urgent care	30%	Hospital care	30%	Specialty	30%
After deductible		Facility and physician services		PBM rules apply; after deductible	
Emergency care	30%	Maternity care	30%	Pediatric eye exam	\$0
ER and emergency transportation		Office, professional and facility		In network; one exam per year	
Mental health	30%	Recovery services	30%	Chiropractic care	Covered
Outpatient and inpatient		Home health, rehab, SNF, DME and hospice		Up to 25 visits per plan year	