

Premier PPO™ - Bronze 4.5

PPO plan | Cigna PPO network

Monthly premiums and member cost sharing at a glance

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DEDUCTIBLE		OUT-OF-POCKET MAXIMUM	
INDIVIDUAL		INDIVIDUAL	
\$8,000	\$16,000	\$8,700	\$17,400
IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
FAMILY		FAMILY	
\$16,000	\$32,000	\$17,400	\$34,800
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
\$627.01	\$1,056.32	\$1,008.62	\$1,821.73

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 In network; deductible waived	Diagnostic tests 30% Office-visit labs included in copay	Generic \$0 Retail and mail; deductible waived
Primary care \$50 Copay; deductible waived	Advanced imaging 30% CT, PET and MRI	Preferred brand \$35 / \$105 Retail / mail; deductible waived
Specialist \$120 Copay; deductible waived	Outpatient surgery 30% Facility and physician services	Non-preferred brand \$75 / \$225 Retail / mail; deductible waived
Urgent care \$100 Copay; deductible waived	Hospital care 30% Facility and physician services	Specialty \$200 PBM rules apply; deductible waived
Emergency care \$500 + 30% ER; emergency transportation \$0	Maternity care \$0 / 30% Office visits / delivery services	Pediatric eye exam \$0 In network; one exam per year
Mental health \$50 / 30% Office copay (ded. waived) / other care	Recovery services 30% Home health, rehab, SNF, DME and hospice	Chiropractic care Covered Up to 25 visits per plan year