

Premier PPO™ - Gold 2.1

HSA plan | Cigna PPO network

Monthly premiums and member cost sharing at a glance

[VIEW FULL SBC](#)

Open or download



DEDUCTIBLE		OUT-OF-POCKET MAXIMUM	
INDIVIDUAL		INDIVIDUAL	
\$3,300	\$4,500	\$3,300	\$6,000
IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
FAMILY		FAMILY	
\$6,600	\$9,000	\$6,600	\$12,000
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
\$700.38	\$1,825.43	\$1,492.04	\$2,508.31

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