

Premier PPO™ - Gold 2.3

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	
\$1,500	\$3,000	\$3,000	\$6,000
IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
FAMILY		FAMILY	
\$3,000	\$6,000	\$6,000	\$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
\$779.96	\$1,346.92	\$1,283.93	\$2,734.98

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 20% Office-visit labs included in copay	Generic \$0 Retail and mail; deductible waived
Primary care \$35 Copay; deductible waived	Advanced imaging 20% CT, PET and MRI	Preferred brand \$35 / \$105 Retail / mail; deductible waived
Specialist \$55 Copay; deductible waived	Outpatient surgery 20% Facility and physician services	Non-preferred brand \$75 / \$225 Retail / mail; deductible waived
Urgent care \$55 Copay; deductible waived	Hospital care 20% Facility and physician services	Specialty \$200 PBM rules apply; deductible waived
Emergency care \$500 ER copay; deductible waived; transport \$0	Maternity care \$0 / 20% Office visits / delivery services	Pediatric eye exam \$0 In network; one exam per year
Mental health \$35 / 20% Office copay (ded. waived) / other care	Recovery services 20% Home health, rehab, SNF, DME and hospice	Chiropractic care Covered Up to 25 visits per plan year