

Premier PPO™ - Platinum 1.0

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	
\$250	\$500	\$1,250	\$3,750
IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
FAMILY		FAMILY	
\$500	\$1,000	\$2,500	\$7,500
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
\$842.32	\$1,465.41	\$1,396.18	\$3,107.34

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 \$25 Copay; deductible waived	Advanced imaging 20% CT, PET and MRI	Preferred brand \$35 / \$105 Retail / mail; deductible waived
Specialist \$45 Copay; deductible waived	Outpatient surgery 20% Facility and physician services	Non-preferred brand \$75 / \$225 Retail / mail; deductible waived
Urgent care \$45 Copay; deductible waived	Hospital care 20% Facility and physician services	Specialty \$200 PBM rules apply; deductible waived
Emergency care 20% ER; emergency transportation \$0	Maternity care \$0 / 20% Office visits / delivery services	Pediatric eye exam \$0 In network; one exam per year
Mental health \$25 / 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