

Premier PPO™ - Platinum 1.2

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	
\$0	\$1,000	\$1,250	\$3,750
IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
FAMILY		FAMILY	
\$0	\$2,000	\$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
\$813.21	\$1,410.10	\$1,343.78	\$2,718.68

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		Office-visit labs included in copay		Retail and mail; deductible waived	
Primary care	\$25	Advanced imaging	30%	Preferred brand	\$35 / \$105
Copay; deductible waived		CT, PET and MRI		Retail / mail; deductible waived	
Specialist	\$45	Outpatient surgery	30%	Non-preferred brand	\$75 / \$225
Copay; deductible waived		Facility and physician services		Retail / mail; deductible waived	
Urgent care	\$45	Hospital care	30%	Specialty	\$200
Copay; deductible waived		Facility and physician services		PBM rules apply; deductible waived	
Emergency care	\$300	Maternity care	\$0 / 30%	Pediatric eye exam	\$0
ER copay; deductible waived; transport \$0		Office visits / delivery services		In network; one exam per year	
Mental health	\$25 / 30%	Recovery services	30%	Chiropractic care	Covered
Office copay (ded. waived) / other care		Home health, rehab, SNF, DME and hospice		Up to 25 visits per plan year	