



2023-24 Benefit Plans

	<u>Plan - 1</u>		<u>Plan - 3</u>		<u>Plan - 4</u>		<u>Plan - 5</u>		<u>Plan - 6</u>		<u>Plan - 7</u>	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible Amount												
Single	\$1,500	\$3,000	Plan pays 60%	Plan pays 40%	\$3,000	\$6,000	\$5,000	\$10,000	\$2,500	\$5,000	\$6,500	\$13,000
Family	\$3,000	\$6,000			\$6,000	\$12,000	\$10,000	\$20,000	\$5,000	\$10,000	\$13,000	\$26,000
Co-Insurance	70%	50%	60%	40%	70%	50%	70%	50%	50%	30%	60%	40%
Out-of-Pocket Maximum	Single \$8,000	Single \$16,000	Single \$7,500	Single \$15,000	Single \$7,000	Single \$14,000	Single \$7,000	Single \$14,000	Single \$7,500	Single \$15,000	Single \$7,050	Single \$15,000
	Family \$16,000	Family \$32,000	Family \$15,000	Family \$30,000	Family \$14,000	Family \$28,000	Family \$14,000	Family \$28,000	Family \$15,000	Family \$30,000	Family \$14,100	Family \$30,000
Out-of-Pocket Maximums shown include: Deductible(s), Co-insurance, Dr. Office Co-pays and Rx Card Co-pays. DOES NOT include amounts in excess of Plan Allowable for Non-Network charges.												
Wellness	100%		100%		100%		100%		100%		100%	
Dr. Office Co-Pay												
Primary Care	\$45	Ded & Coins							\$45	Ded & Coins		
Specialist												
Non-PPO	\$85	Ded & Coins	Plan pays 60% - Participant pays 40%		Deductible & Co-insurance		Deductible & Co-insurance		\$85	Ded & Coins	Deductible & Co-insurance	
PPO												
Urgent Care Center	\$85	Ded & Coins							\$85	Ded & Coins		
PT / ST / OT	\$85	Ded & Coins							\$85	Ded & Coins		
Rx Card Co-Pay												
Generic												
Preferred	\$0								\$0			
Non-Preferred	\$15								\$15			
Brand Name			Plan pays 60% - Participant pays 40%		Deductible & Co-insurance		Deductible & Co-insurance				Deductible & Co-insurance	
Preferred	\$45								\$45			
Non-Preferred	\$85								\$85			
Specialty Rx	\$250								\$250			
All Rx Coverage includes: Step Therapy (some scripts start with less expensive scripts before progression to higher cost scripts) and Starter Dose (10 days for first time scripts) limits on some scripts.												

NOTES:

Wellness visits are paid at 100% in or out of network. Non-network claims are paid at the Maximum Reimbursable Cost as set by the Claims Administrator. Network and Non-network deductibles and Out-of-Pocket amounts are separate amounts.

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