WORLD

PHCS/ RBP								
IN-NETWORK BENEFITS	**1000 CLASSIC**	**1500 CLASSIC**	**2500 CLASSIC**	**3500 CLASSIC**	**5000 CLASSIC**	**3500 HSA**	**5000 HSA**	**7350**
Plan Design	PPO Classic	PPO Classic	PPO Classic	PPO Classic	PPO Classic	PPO HSA	PPO HSA	PPO
Deductible Individual / Family	$1,000/$2,000	$1,500/$3,000	$2,500/$5,000	$3,500/$7,000	$5,000/$10,000	$3,500/$7000	$5,000 / $10,000	$7,350/$14,700
Coinsurance Plan Pays /Member Pays	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	100%
Out-of-Pocket Maximum Individual / Family	$2,000/$4,000	$7,350 / $14,700	$7,350 / $14,700	$7,350 / $14,700	$7,350 / $14,700	$6,550/$13,100	$6,550/$13,100	$7,350/$14,700
Routine Preventive Services (Non Diagnostic)	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived
Inpatient Hospital (patient responsibility)	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% after ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 0%; dedutible waived Professional: 0% after ded.
Out Patient Services Surgical Services (Procedure & Anesthesia)	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% after ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 0%; dedutible waived Professional: 0% after ded.
Free Standing Lab & Diagnostic Services (Lab & x-ray)	Facility: 0%; dedutible waived Professional: 0% after ded.	Facility: 0%; dedutible waived Professional: 0% after ded.	Facility: 0%; dedutible waived Professional: 0% after ded.	Facility: 0%; dedutible waived Professional: 0% after ded.	Facility: 0%; dedutible waived Professional: 0% after ded.	Facility: 0%; dedutible waived Professional: 0% after ded.	Facility: 0%; dedutible waived Professional: 0% after ded.	Facility: 0%; dedutible waived Professional: 0% after ded.
Complex Diagnositc Services (CT Scan, MRI, Ultra Sound, PET, Nuclear Medicine)	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% after ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 0%; dedutible waived Professional: 0% after ded.
Emergency Room	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% after ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 0%; dedutible waived Professional: 0% after ded.
Urgent Care	$40 Copay	$60 Copay	$60	$90 Copay	$90 Copay	20% after deductible	20% after deductible	$100 Copay
Primary Care / Specialist	$20/$40	$30/$60	$30/$60	$45/$90	$45/$90	20% after deductible	20% after deductible	$50/$100 Copay
Telemedicine	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay

WORLD

PHCS/ RBP								
Prescription Drug	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible	None	None	None	None	None	None	None	None
Retail (31 Days)	$15/$45/$85	$15/$45/$85	$15/$45/$85	$15/$65/$100	$15/$65/$100	Drug Discount Card	Drug Discount Card	Drug Discount Card
Mail Order (90 Days)	$45/$90/$150	$45/$90/$150	$45/$90/$150	$45/$90/$150	$45/$90/$150	Drug Discount Card	Drug Discount Card	Drug Discount Card
NON-NETWORK SERVICES	**1000 CLASSIC**	**1500 CLASSIC**	**2500 CLASSIC**	**3500 CLASSIC**	**5000 CLASSIC**	**3500 HSA**	**5000 HSA**	**7350**
Coinsurance Plan Pays/Member Pays	60%/40%	60%/40%	60%/40%	60%/40%	60%/40%	60%/40%	50%/50%	60%/40%
Deductible Individual/Family	$2,000/$4,000	$3,000/$6,000	$5,000/$10,000	$7,000/$14,000	$7,000/$14,000	$7,000/$14,000	$10,000/$20,000	$14,700/$29,400
Out of Pocket Maximum Individual/Family	$10,000/$20,000	$20,000/$40,000	$20,000/$40,000	$20,000/$40,000	$20,000/$40,000	$20,000/$40,000	$13,100/$20,000	$14,700/$29,400

CIGNA NETWORK								
IN-NETWORK BENEFITS	**1000 CLASSIC**	**1500 CLASSIC**	**2500 CLASSIC**	**3500 CLASSIC**	**5000 CLASSIC**	**3500 HSA**	**5000 HSA**	**7350**
Plan Design	PPO	PPO	PPO	PPO	PPO	PPO HSA	PPO HSA	PPO
Deductible Individual / Family	$1,000/$2000	$1,500/$3,000	$2,500/$5,000	$3,500/$7,000	$5,000/$10,000	$3,500/$7,000	$5,000 / $10,000	$7,350/$14,700
Coinsurance Plan Pays /Member Pays	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	100%
Out-of-Pocket Maximum Individual / Family	$5,000/$10,000	$7,350 / $14,700	$7,350 / $14,700	$7,350 / $14,700	$7,350 / $14,700	$6,550/$13,100	$6,550/$13,100	$7,350/$14,700
Routine Preventive Services (Non Diagnostic)	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived
Inpatient Hospital (patient responsibility)	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% after ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 0%; dedutible waived Professional: 0% after ded.

WORLD

CIGNA NETWORK								
Out Patient Services **Surgical Services** (Procedure & Anesthesia)	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% after ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 0%; dedutible waived Professional: 0% after ded.
Free Standing Lab & Diagnostic Services (Lab & x-ray)	Facility: 0%; deductible waived Professional: 0% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.
Complex Diagnositc Services (CT Scan, MRI, Ultra Sound, PET, Nuclear Medicine)	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% after ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 0%; dedutible waived Professional: 0% after ded.
Emergency Room	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% after ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 0%; dedutible waived Professional: 0% after ded.
Urgent Care	$40 Copay	$60 Copay	$60 Copay	$90 Copay	$90 Copay	20% after deductible	20% after deductible	$100 Copay
Primary Care / Specialist	$20/$40	$30/$60	$30/$60	$45/$90	$45/$90 Copay	20% after deductible	20% after deductible	$50/$100 Copay
Telemedicine	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay
Prescription Drug	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible	None	None	None	None	None	None	None	None
Retail (31 Days)	$15/$45/$85	$15/$45/$85	$15/$45/$85	$15/$65/$100	$15/$65/$100	Drug Discount Card	Drug Discount Card	Drug Discount Card
Mail Order (90 Days)	$45/$90/$150	$45/$90/$150	$45/$90/$150	$45/$90/$150	$45/$90/$150	Drug Discount Card	Drug Discount Card	Drug Discount Card
NON-NETWORK SERVICES	**1000 CLASSIC**	**1500 CLASSIC**	**2500 CLASSIC**	**3500 CLASSIC**	**5000 CLASSIC**	**3500 HSA**	**5000 HSA**	**7350**
Coinsurance Plan Pays/Member Pays	60%/40%	60%/40%	60%/40%	60%/40%	60%/40%	60%/40%	50%/50%	60%/40%
Deductible Individual/Family	$2,000/$4000	$3,000/$6000	$5,000/$10,000	$7,000/$14,000	$7,000/$14,000	$7,000/$14,000	$10,000/$20,000	$7,350/$14,700
Out of Pocket Maximum Individual/Family	$10,000/$20,000	$14,700/$29,400	$14,700/$29,400	$14,700/$29,400	$14,700/$29,400	$20,000/$40,000	$20,000/$40,000	$14,700/$29,400

NOTE: Precertification is required for all in-hospital admissions, chemotherapy, diagnostic testing and outpatient surgery. Penalty may apply for not obtaining precertification.

This comparison describes the plan in an easy understood manner and presented as a matter of general information.
The contents are not to be accepted as a substitute for the provision of the plan.