Cigna Health Care Plans

Key Medical Benefits	Cigna Flex 1000– 618001		Cigna Flex 3500-618004	
	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]
Deductible (per calendar year)				
Individual	$1,000	$2,000	$3,500	$7,000
Family	$2,000	$4,000	$7,000	$14,000
Out-of-Pocket Maximum (per calendar year)				
Individual	$5,300	$7,000	$5,350	$9,500
Family	$10,700	$14,000	$10,000	$19,000
Covered Services				
Office Visits (physician / specialist)	$30/$50	50% after ded	$30/$50	50% after ded
Routine Preventive Care	100%	100%	100%	100%
Outpatient Diagnostic Lab & X-ray	80% after ded	50% after ded	0% after ded	50% after ded
Advanced Radiology / Imaging	See facility charges		See facility charges	
Emergency Room	$150 copay		$150 copay	
Urgent Care Facility	$50 copay	50% after ded	$50 copay	50% after ded
Inpatient Hospital Stay	20% after ded	50% after ded	0% after ded	50% after ded
Outpatient Surgery	20% after ded	50% after ded	0% after ded	50% after ded
Prescription Drugs (Tier 1 / Tier 2 / Tier3/ &Tier 4)				
Retail Pharmacy (30-day supply)	$10/$35/25%	Not Covered	$10/$35/25%	Not Covered
Mail Order (90-day supply)	$30/$105	Not Covered	$30/$105	Not Covered

Coinsurance percentages and copay amounts shown in the above charts represent the percentages that the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. After each eligible family member meets his or her individual out– of-pocket maximum, te plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, then plan will play 100% of each eligible family member's covered expenses.

Dental Plans

Key Dental Benefits	HMO Plan In-Network Only	PPO 1500 Plan		PPO 1000 Plan	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (per calendar year)					
Individual	None	$50	$50	$50	$100
Family	None	3X	3X	3X	3X
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)					
Per Individual	Scheduled	$1,500	$1,500	$1,000	$1,000
Covered Services					
Preventive Services	Scheduled	100%	100%	100%	80%
Basic Services	Scheduled	80%	80%	80%	80%
Major Services	Scheduled	50%	50%	50%	50%
Orthodontia (Adults & Children)	Scheduled	50% up to $1,500 Lifetime for Children		No Ortho Coverage	