

CIGNA HEALTHCARE: FORMERLY STANDARD AND LIMITED PLANS

	In & Out of Network		In Network Only
Network Access	In-Network	Out-of-Network	In-Network
Plan Year Deductibles (CYD)	Your Responsibility		Your Responsibility
Individual / Family	\$200 / \$400	\$400 / \$800	\$100 / \$200
Out-of-Pocket Maximum	Your Responsibility		Your Responsibility
Individual Out-Of-Pocket Maximum (Medical / Rx)	\$1,500 / \$4,000	\$3,000 / N/A	\$1,000 / \$4,500
Family Out-Of-Pocket Maximum (Medical / Rx)	\$3,000 / \$8,200	\$6,000 / N/A	\$2,000 / \$9,000
Professional Services			
Primary Care Physician (PCP) Visit	\$20 Copay	Ded then 30%	\$20 Copay
Specialist Office Visits	\$20 Copay	Ded then 30%	\$20 Copay
Preventive Care Visit	No Charge	No Benefit	No Charge
Urgent Care and Emergency Room			
Urgent Care Facility	\$20 Copay	\$20 Copay	\$20 Copay
Emergency Room (waived if admitted)	\$20 Physician / \$100 Facility	\$20 Physician / \$100 Facility	\$20 Physician / \$100 Facility
Diagnostic Services			
X-Ray	Ded then no charge	Ded then 30%	Ded then no charge
MRI, MRA, CT & PET Scans (Outpatient)	Ded then no charge	Ded then 30%	Ded then no charge
Hospital / Facility Services			
Inpatient Hospital	\$100 Copay per Admission	Ded then 30%	\$100 Copay per Admission
Outpatient Hospital / Surgical Facility	\$25 Copay, No Charge after Ded	Ded then 30%	\$25 Copay, No Charge after Ded
Pharmacy Services			
Generic		\$10 Copay	
Preferred Brand		\$30 Copay	
Non-Preferred Brand		\$50 Copay	
Retail Cigna 90 (90-day supply)		\$20 / \$60 / \$100	
Mail Order Pharmacy (90 day supply)		\$20 / \$60 / \$100	