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		2

Ded then no

charge

\$100 Copay per

Admission

\$25 Copay, No

Charge after Ded

Hospital / Facility Services

Outpatient Hospital / Surgical Facility

Inpatient Hospital

**Pharmacy Services** 

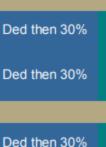
Non-Preferred Brand

Retail Cigna 90 (90-day supply)

Mail Order Pharmacy (90 day supply)

Preferred Brand

Generic



\$10 Copay

\$30 Copay

\$50 Copay

\$20 / \$60 / \$100

\$20 / \$60 / \$100

Ded then 30%

Ded then no charge

\$100 Copay per Admission

\$25 Copay, No Charge after

Ded