

Elite Series PPO [Group's 3 or More]

Plan Name:	Advantage 5000		Silver 3000	Elite 1000	Elite 500	Elite 350	Elite Platinum EPO
States Available:	Cigna PPO available in 50 states		Cigna PPO available in 50 states	Cigna PPO available in 50 states	MagnaCare PPO available in NY & NJ	MagnaCare PPO / *First Health available in 50 states	MagnaCare PPO Net/ *First Health in 48 states
Network Search	www.cigna.com		www.cigna.com	www.cigna.com	www.magnacare.com	www.magnacare.com www.firsthealth.com	www.magnacare.com www.firsthealth.com
Member:	All Other States	New England States	All States	All States	All States	All States	All States
Member + Spouse:	\$548.00	\$527.00	\$639.00	\$984.00	\$748.00	\$824.00	\$1,019.00
Member + 1 Child:	\$1,011.00	\$973.00	\$1,202.00	\$1,894.00	\$1,406.00	\$1,571.00	\$1,944.00
Member + Family:	\$888.00	\$851.00	\$1,048.00	\$1,516.00	\$1,236.00	\$1,438.00	\$1,678.00
Member + Family:	\$1,309.00	\$1,277.00	\$1,569.00	\$2,484.00	\$1,837.00	\$2,109.00	\$2,561.00
Referrals	No Referrals Required		No Referrals Required	No Referrals Required	No Referrals Required	No Referrals Required	No Referrals Required
Preventive Care	No Charge		No Charge	No Charge	No Charge	No Charge	No Charge
Deductible	In-Net: \$5,000 Out-of-Net: \$10,000		In-Net: \$3,000 Out-of-Net: \$6,000	In-Net: \$1,000 Out-of-Net: \$6,000	In-Net: \$500 Out-of-Net: \$2,000	In-Net: \$350 Out-of-Net: \$700	In-Net: \$0 Out-of-Net: NA
Co-Insurance	In-Net: 30% After Deductible Out-Net: 50% After Deductible		In-Net: 30% After Deductible Out-Net: 40% After Deductible	In-Net: 20% After Deductible Out-Net: 50% After Deductible	In-Net: 40% After Deductible Out-Net: 50% After Deductible	In-Net: 30% After Deductible Out-Net: 50% After Deductible	In-Net: None Out-Net: NA
Out of Pocket Max	In-Net: \$7,000 Single / \$ 14,000 Family Out-Net: \$20,000 Single / \$40,000 Family		In-Net: \$7,000 Single / \$ 14,000 Family Out-Net: \$12,000 Single / \$24,000 Family	In-Net: \$7,150 Single / \$ 14,300 Family Out-Net: Unlimited Single / Unlimited Family	In-Net: \$6,350 Single / \$ 12,700 Family Out-Net: None	In-Net: \$6,350 Single / \$ 12,700 Family Out-Net: None	In-Net: \$6,350 Single / \$ 12,700 Family Out-Net: None
Office Co-payments	\$20/\$60 Not subject to deductible Out-Net: Subject to Deductible & Co-Insurance		\$40/\$60 Not subject to deductible Out-Net: Subject to Deductible & Co-Insurance		\$30/\$40 Not subject to deductible Out-Net: Subject to Deductible & Co-Insurance		\$25/\$35 Not subject to deductible Out-Net: Subject to Deductible & Co-Insurance
Hospital (In-Patient)	Subject to Deductible & Co-Insurance		Subject to Deductible & Co-Insurance		Subject to Deductible & Co-Insurance		In-Net: 10% Co-insurance Out-Net: 50% Co-insurance
Prescription Benefits	RX Subject to Deductible Generic: 30% Brand Preferred: 30% Non-Preferred: 30%		RX Not Subject to Deductible Generic: \$25 Brand Preferred: \$50 Non-Preferred: \$75		RX Not Subject to Deductible Generic: \$25 Brand Preferred: \$50 Non-Preferred: \$75		RX Not Subject to Deductible Generic: \$20 Brand Preferred: \$40 Non-Preferred: \$60
Emergency Room	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance		In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance		In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance		In-Net: \$250 Copay Out-Net: \$250 Copay
Outpatient Imaging (X-Ray, Bloodwork)	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance		In-Net: No Copay Out-Net: Deductible & Co-Insurance		In-Net: No Charge Out-Net: Deductible & Co-Insurance		Subject to Deductible & Co-Insurance
Urgent Care	In-Net: \$60 Copay (Not Subject to Ded.) Out-Net: Deductible & Co-Insurance		In-Net: \$60 Copay Out-Net: Deductible & Co-Insurance		In-Net: \$50 Copay Out-Net: Deductible & Co-Insurance		In-Net: \$40 Copay Out-Net: Deductible & Co-Insurance
Child Eye Exam & Dental Check-up	In-Net: No Charge Out-Net: Not Covered		In-Net: No Charge Out-Net: Not Covered		In-Net: No Charge Out-Net: Not Covered		In-Net: No Charge Out-Net: Not Covered
Durable Medical	Subject to Deductible & Co-Insurance		Subject to Deductible & Co-Insurance		Subject to Deductible & Co-Insurance		Subject to Deductible & Co-Insurance
Advanced Imaging	Subject to Deductible & Co-Insurance		Subject to Deductible & Co-Insurance		Subject to Deductible & Co-Insurance		Subject to Deductible & Co-Insurance
Home Health Care (90 visit max. 12 month period)	Subject to Deductible & Co-Insurance		Subject to Deductible & Co-Insurance		Subject to Deductible & Co-Insurance		Subject to Deductible & Co-Insurance
Hospital Based Outpatient Facility	Subject to Deductible & Co-Insurance		Subject to Deductible & Co-Insurance		Subject to Deductible & Co-Insurance		Subject to Deductible & Co-Insurance
Physician and Surgeon Fees	Subject to Deductible & Co-Insurance		Subject to Deductible & Co-Insurance		Subject to Deductible & Co-Insurance		Subject to Deductible & Co-Insurance
Out-of-network payment type	125% Medicare		125% Medicare		125% Medicare		125% Medicare
2019 Rates	Cigna PPO - All 50 States				*Full MagnaCare PPO Network in NY& NJ / First Health for other 48 States		

Notes:

- Elite PPO 5000, 3000, 1000 utilize the Cigna PPO Network in all 50 States.
- Elite PPO 350 and Platinum utilize the Magnacare PPO Network in NY & NJ, First Health in other 48 states.
- Elite PPO 500 is only offered in NY & NJ.
- New England States: Connecticut, Vermont, Rhode Island, New Hampshire, Maine, Massachussetts
- One-Time Processing Fee: \$250
- January 1, 2020 Renewal
- Deductible and MOOP reset every January 1st
- A parent with multiple children must enroll at the family rate.