

## 2024/2025 Rates **Smart Health Plans Cigna PPO Plans** 12 Month Rate Guarantee

www.ci		www.ci Available i	O Plan  Igna.com In 50 States Iximum  Non-Network Benefits  No Deductible then 40% coinsurance \$5,000/\$10,000 60%40% \$14,700/\$29,400  PCP - Deductible then 40% coinsurance Specialist - Deductible then 40% coinsurance Deductible then 40% coinsurance	Available No Ma In-Network Benefits No Covered \$5,000/\$10,000 80%/20% \$7,350/\$14,700  PCP \$45 copay Specialist \$90 copay	Non-Network Benefits  No Deductible then 40% coinsurance \$10,000/\$20,000 60%/40% \$14,700/\$29,400  PCP - Deductible then 40% coinsurance Specialist - Deductible then 40% coinsurance Deductible then Deductible then 40% coinsurance Deductible then	
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70 Comsurance		Deductible then	Deductible then 40% coinsurance	Deductible then	Deductible then	
	40% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	
\$15 copay		\$15 copay		\$15 copay		
\$45 copay	Not Covered	\$45 copay	Not Covered	\$65 copay	Not Covered	
\$85 copay		\$85 copay		\$100 copay	1	
Not Covered		Not Covered		No Covered	<u> </u>	
eductible then	Deductible then	Deductible then	Deductible then	Deductible then	Deductible then	
					40% coinsurance	
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eductible then % coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	
eductible then % coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	
\$80 copay	Deductible then 40% coinsurance	\$80 copay	Deductible then 40% coinsurance	\$90 copay	Deductible then 40% coinsurance	
Covered	Not Covered	Covered	Not Covered	Covered	Not Covered	
Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	
eductible then % coinsurance	Deductible then 40% coinsurance	Deductible then ore Free dive Ste 132 Rye, NY 10580-1	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	
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SHP Cigna 1500 Plan				SHP Cigna 5000 Plan		
				\$5,000 Plan \$860.00		
\$1,154.00		\$1,065.00		\$860.00 \$1,693.00		
\$2,056.00		\$1,895.00		\$1,527.00		
\$3,409.00 \$3,140.00 \$2,526.00				26.00		
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Deductible and MOOP reset every January 1st
Pricing is subject to change pending the results of the underwriting process
This is for illustration purposes only

This is only a snapshot of the benefits

\*\*\*SEE SBC FOR LIMITATIONS, EXCEPTIONS and OTHER IMPORTANT INFORMATION\*\*\*

Online Rates and SBC supersede this summary





## 2024/2025 Rates Smart Health Plans Cigna PPO Plans 12 Month Rate Guarante

	12	Month Rate Guar	antee			
Plan Name:	\$7,35	0 Plan	\$5,000 HSA Plan www.cigna.com			
Network Search:		gna.com				
States Available:		in 50 States	Available in 50 States  No Maximum			
Lifetime Maximum:	No Maximum					
	In-Network Benefits	Non-Network Benefits	In-Network Benefits	Non-Network Benefits		
Referrals Needed:	No	No	No	No		
Preventative Care:	Covered	Deductible then 50% coinsurance	Covered	Deductible then 40% coinsurance		
Deductible: Individual/Family	\$7,350/\$14,700	\$14,700/\$29,400	\$5,000/\$10,000	\$10,000/\$20,000		
Co-Insurance:	100%/0%	50%/50%	80%/20%	60%40%		
Max Out of Pocket: Individual/Family	\$7,350/\$14,700	\$14,700/\$29,400	\$6,550/\$13,100	\$20,000/\$40,000		
Office Co-payments:	PCP - \$50 copay Specialist - \$100 copay	PCP - Deductible then 50% coinsurance Specialist - Deductible then 50% coinsurance	PCP - Deductible then 20% Specialist - Deductible then 20%	PCP - Deductible then 40% coinsurance Specialist - Deductible ther 40% coinsurance		
Mental Health: (Out-Patient)	\$50 copay	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance		
Chiropractor: (15 Visits Per/Yr.)	\$20 copay	Subject to plan allowable	Deductible then 20% coinsurance	Subject to plan allowable		
Hospital: (In-Patient)	Deductible then 0% coinsurance	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance		
Prescriptions Benefits:						
Generic:	Discount Card	Not Covered	Deductible then \$15 copay	Not Covered		
Preferred Brand:	Discount Card	Not Covered	Deductible then \$65 copay	Not Covered		
Non-Preferred Brand: Specialty:	Discount Card  Not Covered		Deductible then \$100 copay  Not Covered			
Emergency Medical		Deductible then	Deductible then	Deductible then		
Transportation:	0% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance		
Emergency Room:	Deductible then 0% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 20% coinsurance		
X-Ray, Bloodwork:	Deductible then 0% coinsurance	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance		
Advanced Imaging:	Deductible then 0% coinsurance	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance		
Urgent Care:	\$100 copay	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance		
Child Eye Exam:	Covered	Not Covered	Covered	Not Covered		
Child Dental Exam:	Not Covered	Not Covered	Not Covered	Not Covered		
Durable Medical:	Deductible then 0% coinsurance	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance		
Home Health Care:	Deductible then 0% coinsurance	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance		
Hospital Stay:	Deductible then 0% coinsurance	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance		
Physician and Surgeon Fees:	Deductible then 0% coinsurance	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance		
SBC:	<u>SHP Cigna 7350 Plan</u> \$7,350 Plan		SHP Cigna 5000 HSA Plan			
Sample Monthly Cost  Member Only:		23.00	\$5,000 HSA Plan \$786,00			
Member + Spouse:		19.00	\$1,544.00			
Member + Child(ren):		80.00	\$1,393.00			
Member + Family: Notes:	\$2,115.00 \$2,303.00  One-Time Processing Fee: \$125  Deductible and MOOP Reset every January 1st  Pricing is subject to change pending the results of the underwriting process  This is for illustration purposes only  This only a snapshot of the benefits  ***SEE SBC FOR LIMITATIONS, EXCEPTIONS and OTHER IMPORTANT INFORMATION***  Online Rates and SBC supersede this summary					

