



Rate are effective on
June 1, 2024

2024/2025 Rates Smart Health Plans Cigna PPO Plans 12 Month Rate Guarantee						
Plan Name:	\$1,500 Plan		\$2,500 Plan		\$5,000 Plan	
Network Search:	www.cigna.com		www.cigna.com		www.cigna.com	
States Available:	Available in 50 States		Available in 50 States		Available in 50 States	
Lifetime Maximum:	No Maximum		No Maximum		No Maximum	
	In-Network Benefits	Non-Network Benefits	In-Network Benefits	Non-Network Benefits	In-Network Benefits	Non-Network Benefits
Referrals Needed:	No	No	No	No	No	No
Preventative Care:	Covered	Deductible then 40% coinsurance	Covered	Deductible then 40% coinsurance	Covered	Deductible then 40% coinsurance
Deductible: Individual/Family	\$1,500/\$3,000	\$3,000/\$6,000	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$10,000/\$20,000
Co-Insurance:	80%/20%	60%/40%	80%/20%	60%/40%	80%/20%	60%/40%
Max Out of Pocket: Individual/Family	\$7,350/\$14,700	\$14,700/\$29,400	\$7,350/\$14,700	\$14,700/\$29,400	\$7,350/\$14,700	\$14,700/\$29,400
Office Co-payments:	PCP \$40 copay Specialist \$80 copay	PCP - Deductible then 40% coinsurance Specialist - Deductible then 40% coinsurance	PCP \$40 copay Specialist \$80 copay	PCP - Deductible then 40% coinsurance Specialist - Deductible then 40% coinsurance	PCP \$45 copay Specialist \$90 copay	PCP - Deductible then 40% coinsurance Specialist - Deductible then 40% coinsurance
Mental Health: (Out-Patient)	\$40 copay	Deductible then 40% coinsurance	\$40 copay	Deductible then 40% coinsurance	\$45 copay	Deductible then 40% coinsurance
Chiropractor: (15 Visits Per/Yr.)	\$20 copay	Subject to plan allowable	\$20 copay	Subject to plan allowable	\$20 copay	Subject to plan allowable
Hospital: (In-Patient)	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Prescriptions Benefits:						
Generic:	\$15 copay	Not Covered	\$15 copay	Not Covered	\$15 copay	Not Covered
Preferred Brand:	\$45 copay		\$45 copay		\$65 copay	
Non-Preferred Brand:	\$85 copay		\$85 copay		\$100 copay	
Specialty:	Not Covered		Not Covered		No Covered	
Emergency Medical Transportation:	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Emergency Room:	Deductible then 20% coinsurance	Deductible then 20% coinsurance	Deductible then 20% coinsurance	Deductible then 20% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
X-Ray, Bloodwork:	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Advanced Imaging:	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Urgent Care:	\$80 copay	Deductible then 40% coinsurance	\$80 copay	Deductible then 40% coinsurance	\$90 copay	Deductible then 40% coinsurance
Child Eye Exam:	Covered	Not Covered	Covered	Not Covered	Covered	Not Covered
Child Dental Exam:	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Durable Medical:	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Home Health Care:	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Hospital Stay:	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Physician and Surgeon Fees:	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
SBC:	SHP Cigna 1500 Plan		SHP Cigna 2500 Plan		SHP Cigna 5000 Plan	
Sample Monthly Cost	\$1,500 Plan		\$2,500 Plan		\$5,000 Plan	
Member Only:	\$1,154.00		\$1,065.00		\$860.00	
Member + Spouse:	\$2,281.00		\$2,102.00		\$1,693.00	
Member + Child(ren):	\$2,056.00		\$1,895.00		\$1,527.00	
Member + Family:	\$3,409.00		\$3,140.00		\$2,526.00	
Notes:	<p>One-Time Processing Fee: \$125 12 month rate guarantee 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</p>					





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2024/2025 Rates Smart Health Plans Cigna PPO Plans 12 Month Rate Guarantee				
Plan Name:	\$7,350 Plan		\$5,000 HSA Plan	
Network Search:	www.cigna.com		www.cigna.com	
States Available:	Available in 50 States		Available in 50 States	
Lifetime Maximum:	No 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 then 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		Deductible then \$65 copay	
Non-Preferred Brand:	Discount Card		Deductible then \$100 copay	
Specialty:	Not Covered		Not Covered	
Emergency Medical Transportation:	Deductible then 0% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 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:	SHP Cigna 7350 Plan		SHP Cigna 5000 HSA Plan	
Sample Monthly Cost	\$7,350 Plan		\$5,000 HSA Plan	
Member Only:	\$723.00		\$786.00	
Member + Spouse:	\$1,419.00		\$1,544.00	
Member + Child(ren):	\$1,280.00		\$1,393.00	
Member + Family:	\$2,115.00		\$2,303.00	
Notes:	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			

