

Self-Insured Plan with Everest Re (A Rated), includes Cigna PPO Available to the members of the Employers Business Alliance.

- > Rates outlined on the following pages are pre-underwritten.
- Rates assume the Average Approved Rate.
 - ➤ Member only rate typically falls within \$75 Higher or Lower.
 - ➤ Member + Spouse rates typically fall within \$150 Higher or Lower.
 - ➤ Member + Child(ren) rates typically fall within \$150 Higher or Lower.
 - **▶ Member + Family rates typically fall within \$250** Higher or Lower.
- > Approval is not guaranteed.

> Search the CIGNA PPO Network : Click Here

- 1. Select "Employer or School"
- 2. Continue as Guest
- 3. Click "Continue" to Select a Plan
- 4. Under Select a Plan, choose "PPO, Choice Fund PPO"

	1000 Copay	1500 Copay	2500 Copay	3500 Copay	5000 Copay	3500 HSA	5000 HSA	7350 Copay
Deductible	\$1,000	\$1,500	\$2,500	\$3,500	\$5,000	\$3,500	\$5,000	\$7,350
Max Out of Pocket	\$5,000	\$7,350	\$7,350	\$7,350	\$7,350	\$6,550	\$6,550	\$7,350
Preventative	Covered 100%							
Frontier DPC PCP & More Provided by Plan, registration takes up to 45 days	\$0 Copay Unlimited Use Dedicated PCP you can call & text	\$0 Copay Unlimited Use Dedicated PCP you can call & text	\$0 Copay Unlimited Use Dedicated PCP you can call & text	\$0 Copay Unlimited Use Dedicated PCP you can call & text	\$0 Copay Unlimited Use Dedicated PCP you can call & text	\$0 Copay Unlimited Use Dedicated PCP you can call & text	\$0 Copay Unlimited Use Dedicated PCP you can call & text	\$0 Copay Unlimited Use Dedicated PCP you can call & text
Primary Care	\$20	\$30	\$30	\$45	\$45	Ded + 20%	Ded + 20%	\$50
Specialist	\$40	\$60	\$60	\$90	\$90	Ded + 20%	Ded + 20%	\$100
Urgent Care	\$40	\$60	\$60	\$90	\$90	Ded + 20%	Ded + 20%	\$100
Chiropractor	\$20	\$20	\$20	\$20	\$20	Ded + 20%	Ded + 20%	\$20
Mental Health	\$30	\$30	\$30	\$45	\$45	Ded + 20%	Ded + 20%	\$50
Blood / Lab	Ded + 20%	Ded + 0%						
Imaging	Ded + 20%	Ded + 0%						
Hospital	Ded + 20%	Ded + 0%						
Surgery	Ded + 20%	Ded + 0%						
Outpatient Treatment	Ded + 20%	Ded + 0%						
Generic RX	\$15	\$15	\$15	\$15	\$15	Ded + \$15	Ded + \$15	\$15
Preferred Brand RX	\$45	\$45	\$45	\$45	\$45	Ded + \$65	Ded + \$65	\$65
Non-Preferred Brand RX	\$85	\$85	\$85	\$85	\$85	Ded + \$100	Ded + \$100	\$100
Specialty RX	20% copay for most	Ded + 20% for most	Ded + 20% for most	20% copay for most				
	Unlimited Benefit							

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		1000 Copay	1500 Copay	2500 Copay	3500 Copay	5000 Copay	3500 HSA	5000 HSA	7350 Copay
Ages 18 - 39	Member Only	829.34	782.47	738.68	697.74	659.49	633.47	608.68	585.08
	Member + SP	1545.90	1453.66	1367.46	1286.90	1211.61	1160.39	1111.61	1065.15
	Member + CH	1407.19	1324.03	1246.30	1173.67	1105.78	1059.60	1015.62	973.73
	Member + FAM	2257.48	2119.87	1991.26	1871.06	1758.73	1682.32	1609.54	1540.23
Ages 40 - 49	Member Only	860.55	811.64	765.94	723.22	683.30	656.14	630.28	605.65
	Member + SP	1608.32	1512.00	1421.98	1337.85	1259.23	1205.74	1154.80	1106.29
	Member + CH	1463.37	1376.53	1295.37	1219.53	1148.64	1100.42	1054.50	1010.76
	Member + FAM	2351.11	2207.37	2073.04	1947.49	1830.16	1750.35	1674.33	1601.93
Ages 50 - 59	Member Only	894.55	843.42	795.63	750.98	709.24	680.85	653.81	628.05
	Member + SP	1676.32	1575.55	1481.38	1393.36	1311.10	1255.15	1201.85	1151.10
	Member + CH	1524.57	1433.73	1348.83	1269.48	1195.33	1144.89	1096.84	1051.09
	Member + FAM	2453.11	2302.70	2162.13	2030.76	1907.98	1824.46	1744.91	1669.15
Ages 60 - 64	Member Only	959.76	904.36	852.59	804.21	758.99	728.23	698.93	671.03
	Member + SP	1806.74	1697.44	1595.29	1499.82	1410.60	1349.91	1292.10	1237.05
	Member + CH	1641.94	1543.43	1451.35	1365.30	1284.88	1230.17	1178.07	1128.44
	Member + FAM	2648.74	2485.53	2333.00	2190.45	2057.22	1966.60	1880.28	1798.08

Please Note: This is a generic representation of benefits and is only intended to serve as an initial proposal of benefits potentially available. Refer to the Schedule of Benefits for the official list of Benefits Coverage, Limitations, & Exclusions. If benefits outlined on this page differ from the Schedule of Benefits or Official Plan Documents will govern.