



Cigna PPO Coverage Summary

Group Major Medical Options

Summary of benefits by plan option. Deductibles and out-of-pocket maximums are listed as individual / family.

BRONZE OPTIONS											
Plan	Deductible Ind / Fam	Plan Type	Primary / Specialist / Urgent Care	Wellness	X-Ray / Lab	ER	OOP Max Ind / Fam	Inpatient	Outpatient	Rx T1/T2/T3	Specialty Rx
Bronze 4.3	\$5,000 / \$10,000	Co-pay	\$40 / \$80 / \$60	100% Covered	30% after deductible	30% after deductible	\$8,700 / \$17,400	30% after deductible	30% after deductible	\$0 / \$35 / \$75	Contact PBM
Bronze 4.4	\$6,000 / \$12,000	HSA	30% after deductible	100% Covered	30% after deductible	30% after deductible	\$7,000 / \$14,000	30% after deductible	30% after deductible	\$0 / \$25 / \$45 after deductible	Contact PBM
Bronze 4.5	\$8,000 / \$16,000	Co-pay	\$50 / \$120 / \$100	100% Covered	30% after deductible	\$500 + 30% after deductible	\$8,700 / \$17,400	30% after deductible	30% after deductible	\$0 / \$35 / \$75	Contact PBM

SILVER OPTIONS											
Plan	Deductible Ind / Fam	Plan Type	Primary / Specialist / Urgent Care	Wellness	X-Ray / Lab	ER	OOP Max Ind / Fam	Inpatient	Outpatient	Rx T1/T2/T3	Specialty Rx
Silver 3.2	\$3,000 / \$6,000	Co-pay	\$35 / \$55 / \$55	100% Covered	20% after deductible	\$500	\$6,000 / \$12,000	20% after deductible	20% after deductible	\$0 / \$35 / \$75	Contact PBM
Silver 3.3	\$3,200 / \$6,400	HSA	20% after deductible	100% Covered	20% after deductible	20% after deductible	\$6,400 / \$12,800	20% after deductible	20% after deductible	\$0 / \$25 / \$45 After deductible	Contact PBM

GOLD OPTIONS											
Plan	Deductible Ind / Fam	Plan Type	Primary / Specialist / Urgent Care	Wellness	X-Ray / Lab	ER	OOP Max Ind / Fam	Inpatient	Outpatient	Rx T1/T2/T3	Specialty Rx
Gold 2.0	\$1,000 / \$2,000	Co-pay	\$15 / \$40 / \$40	100% Covered	20% after deductible	\$300	\$3,500 / \$7,000	20% after deductible	20% after deductible	\$0 / \$35 / \$75	Contact PBM
Gold 2.1	\$3,200 / \$6,400	HSA	0% after deductible	100% Covered	0% after deductible	0% after deductible	\$3,200 / \$6,400	0% after deductible	0% after deductible	0% After deductible	Contact PBM
Gold 2.2	\$3,250 / \$6,500	Co-pay	\$50 / \$50 / \$50	100% Covered	0% after deductible	\$400	\$3,250 / \$6,500	0% after deductible	0% after deductible	\$0 / \$35 / \$75	Contact PBM
Gold 2.3	\$1,500 / \$3,000	Co-pay	\$35 / \$55 / \$55	100% Covered	20% after deductible	\$500	\$3,000 / \$6,000	20% after deductible	20% after deductible	\$0 / \$35 / \$75	Contact PBM

PLATINUM OPTIONS											
Plan	Deductible Ind / Fam	Plan Type	Primary / Specialist / Urgent Care	Wellness	X-Ray / Lab	ER	OOP Max Ind / Fam	Inpatient	Outpatient	Rx T1/T2/T3	Specialty Rx
Platinum 1.0	\$250 / \$500	Co-pay	\$25 / \$45 / \$45	100% Covered	20% after deductible	20% after deductible	\$1,250 / \$2,500	20% after deductible	20% after deductible	\$0 / \$35 / \$75	Contact PBM
Platinum 1.1	\$1,250 / \$2,500	Co-pay	\$25 / \$45 / \$45	100% Covered	0% after deductible	\$300	\$1,250 / \$2,500	0% after deductible	0% after deductible	\$0 / \$35 / \$75	Contact PBM
Platinum 1.2	\$0 / \$0	Co-pay	\$25 / \$45 / \$45	100% Covered	30% after deductible	\$300	\$1,250 / \$2,500	30% after deductible	30% after deductible	\$0 / \$35 / \$75	Contact PBM



Available in all 50 states. All plans are guaranteed issue - no health questions and pre-existing exclusions.
Minimum group enrollment size is 5 employees. Must have 25 or more employees enrolled to offer 2 or more plan selections.

See SBC for full plan details.



Monthly Group Major Medical Rates

Cigna PPO network rate options from AffordaCare.
Rates shown are monthly premiums by coverage tier.

Plan	Employee (EE Only)	Employee + Spouse	Employee + Child(ren)	Family
Bronze 4.3	\$644.76	\$1,090.04	\$1,040.57	\$1,927.75
Bronze 4.4	\$607.89	\$1,019.99	\$974.20	\$1,707.59
Bronze 4.5	\$627.01	\$1,056.32	\$1,008.62	\$1,821.73
Silver 3.2	\$708.04	\$1,210.28	\$1,154.47	\$2,305.55
Silver 3.3	\$707.59	\$1,209.42	\$1,153.66	\$2,302.82
Gold 2.0	\$777.23	\$1,341.74	\$1,279.01	\$2,718.67
Gold 2.1	\$700.38	\$1,825.43	\$1,492.04	\$2,508.31
Gold 2.2	\$750.38	\$1,290.72	\$1,230.68	\$2,558.31
Gold 2.3	\$779.96	\$1,346.92	\$1,283.93	\$2,734.98
Platinum 1.0	\$842.32	\$1,465.41	\$1,396.18	\$3,107.34
Platinum 1.1	\$799.53	\$1,384.11	\$1,319.15	\$2,851.85
Platinum 1.2	\$813.21	\$1,410.10	\$1,343.78	\$2,718.68



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