

No. Defend David	Preferred Brand	Generic		Urgent Care Copay	Outpatient Hospital - Facility	Outpatient - Physician	inpatient - Facility	inpatient Hospital - Physician Fees	Emergency Koom - Facility	Emergency Room - Professional Fee	Boom Brokersianal For		Professional Fees	Facility (CT/PET/MRI/MRA/SPECT)		Professional Fees	Facility		Specialist Care Visit Copay	Primary Care Visit Copay	Lifetime Maximum	Preventive Care	Family Max Out of Pocket	Individual Max Out of Pocket	Family Deductible	Individual Deductible		Family	Member + Child(ren)	Member + Spouse	Member		Plan Availability	Network Search	Network Name		Notwork	Plan Name	
Detail: #05 Coppy	Retail: \$45 Copay	Retail: \$15 Copay		\$80 Copay	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Flan paysoom	Deductible tien rian pays 90%	Deductible their rian pays 90%	Deddcuble tien Flan pays 00%	Doductible then Plan have 80%		Deductible then Plan pays 80%	Deductible then Plan pays 80%		Deductible then Plan pays 80%	Deductible then Plan pays 80%		\$80 Copay	\$40 Copay	No Maximum	100%	\$14,700 In / \$29,400 Out	\$7,350 In / \$14,700 Out	\$3,000 In / \$6,000 Out	\$1,500 ln /\$3,000 Out		\$3,409	\$2,056	\$2,281	\$1,154		All 50 States	Moon and a way	Open Acess Plus (OAP)	0.00		1500 Classic	
Retail: \$85 Conav	Retail: \$45 Copay	Retail: \$15 Copay		\$80 Copay	Deductible their Plan pays 50%	Deductible tiens and paysoon	Deductible then plan nave 80%	Doductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%		Deductible then Plan pays 80%	Deductible then Plan pays 80%		Deductible then Plan pays 80%	Deductible then Plan pays 80%		\$80 Copay	\$40 Copay	No Maximum		\$14,700 in / \$29,400 Out	\$7,350 \m/\$14,/00 Out	\$5,000 in / \$10,000 Out	\$2,500 In / \$5,000 Out		\$3,140	\$1,895	\$2,102	\$1,065		All 50 States	max grap gent	Open Acess Plus (OAP)	Cigno	X	2500 Ctassic	or Classic
Retail: \$100 Copay	Retail: \$65 Copay	Retail: \$15 Copay	Prescription Drug Benefit	\$50 COPAY	Sedacible dien i an baye sen	Doductible then Plan nave 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Facility & Professional Services	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Radiology Services	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Laboratory & Diagnostic Services	#ad Cobay	\$10 Copay	NO MAXIBUIT	Mo Movimum	414,700 III 425,400 Car	\$14.700 in /\$14,700 Out	\$7,000 III / \$14,000 Cur	\$3,500 ln / \$7,000 Out	Benefits	\$2,753	\$1,003	\$1,845	\$936	Rates	Air oo orares	All EO States	Open Acess Plus (OAP)	0000	**	3300 Classic	SEOO Classic
Retail: \$100 Copay	Retail: \$65 Copay	Retail: \$15 Copay		400 0000	\$90 Copav	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%		Deductible then Plan pays 80%	Deductible then Plan pays 80%		1 Deductible tileli Flati pays 60%	Deductible then Plan pays 80%		400 000	\$90 Copay	\$45 Coppy	No Maximum	100%	\$14 700 In / \$29,400 Out	\$7 350 In /\$14 700 Out	\$10 000 in / \$20 000 Out	\$1,000 to 1,000 000 000	070'70	\$2,927	94.080 64.080	\$860	***************************************	111.00	All 50 States	Open Acess Plus (OAP)	COCO	×	Code Cincolo	5000 Classic
Deductible then Retail: \$100 Copay	Deductible then Retail: \$65 Copay	Deductible then Retail: \$15 Copay			Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%		Deddcapie dell Fall pays 50%	Deductible then Plan pays 80%	2000	Deductible then I will bulle only	Deductible then Plan pays 80%	2000		Deductible then Plan pays 80%	Deductible then Plan pays 80%	No Maximum	100%	\$13,100 ln / \$40,000 Out	\$6,550 In / \$20,000 Out	\$10,000 in / \$20,000 Out	\$5 000 lm / \$10 000 Out	and and	\$0 202	\$1.303	\$1 500 \$1 500	\$796		All 50 States	Open Acess rus (OAF)				5000 HSA			
Discount Card	Discount Cald	Discount Card	Discount Cost		\$100 Copay	Deductible then Plan pays 100%	Deductible then Plan pays 100%	Deductible then Plan pays 100%	Deductible then Plan pays 100%	Deductible then Plan pays 100%	Deductible then Plan pays 100%		Deduction mone can be la mare	Deductible then Plan pays 100%	Dodinotible then Blan navs 100%	-	Deductible then Plan pays 100%	Doductible then Plan navs 100%		\$100 Copay	\$50 Copay	NoMaximum	100%	\$14,700 ln / \$29,400 Out	\$7,350 In / \$14,700 Out	\$14,700 ln / \$29,400 Out	\$7.350 in / \$14.700 Out	1	\$2.115	\$1.280	\$1,419	\$723		All 50 States	www.cigna.com	Open Acces Divis (OAD)			7350 Value

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<sup>\*</sup>New business rates good until 8/1/2025.
\*12-month rate guarantee from effective date.
\*All benefits are on a calendar year basis.

Disclaimer: This spreadsheet is only a snapshot of benefits. Please refer to the SBC as this is for illustration purposes only. Online rates and benefits supersede this sheet. \*\$125 one-time processing fee.

## **Total Health Plan Solutions.**

#PHCS	Disconiic Card	Discount Card	Retail: \$100 Copay	Retail: \$100 Copay	Retail: \$85 Copay	Betail: \$85 Conav	Non-Draferred Brand
## PHCS   ## PHC	Discoulit Card	Discount Card	Retail: \$65 Copay	Retail: \$65 Copay	Retail: \$45 Copay	Retail: \$45 Copay	Preferred Brand
## PHCS ## PHC	Discount Card	Discount Card	Retail: \$15 Copay	Retail: \$15 Copay	Retail: \$15 Copay	Retail: \$15 Copay	Generic
## PHCS #PHCS #PHC	22			Prescription Drug Benefit			
1500 Classic   2500 Classic   3500 Classic   3000	4200000	Deddcape dient (an bays oo w	фэй сарау	\$90 Copay	\$80 Copay	\$80 Copay	Urgent Care Copay
	\$100 Copav	Deductible then plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Outpatient Hospital - Facility
	Deductible then Plan nave 1009	Deductible their ran pays 50%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Outpatient - Physician
1500 Classic   2500 Classic   3500	Deductible then Plan navs 1009	Deductible then plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Inpatient - Facility
1500 Classic   2500 Classic   3500 Classic   3500 Classic   3500 Classic   3000	Deductible then Plan navs 100%	Deduction dient with pays con	Deductible then Plan pays ou%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Inpatient Hospital - Physician Fees
1500 Classic   2500 Classic   3500 Classic   3000	Deductible then Plan pays 1009	Deductible then plan page 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Emergency Room - Facility
1500 Classic   2500 Classic   3500 Classic   3000	Deductible then Plan pays 100%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Emergency Room - Professional Fee
The collassic   The collassi	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Facility & Professional Services			
1500 Classic   2500 Classic   3500	Deudcubie niem riam paya 100	Deductible then Flan pays 60%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Professional Fees
1500 Classic   2500	Deductible then Plan pays 100%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Facility (CT/PET/MRI/MRA/SPECT)
1500 Classic   2500	2000			Radiology Services			
The process of the	Decision to the second	Denucuba meni an paya co is	Deductible theil Flail pays our	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Professional Fees
Too Classic   2500 Classic   3500 Classic   3000	Deductible then Plan pays 1009	Deductible then Plan pays 80%		Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Facility
1500 Classic   2500 Classic   3500 Classic   3000	Delication blancaus 1000	2		Laboratory & Diagnostic Services	all disconnections		
1500 Classic   2500 Classic   3500		Deductible their mit bays so w	\$30 Copay	\$90 Copay	\$80 Copay	\$80 Copay	Specialist Care Visit Copay
1500 Classic   2500 Classic   3500 Classic   3000	\$100 Copay	Deductible then Plan have 80%	\$45 Copay	\$45 Copay	\$40 Copay	\$40 Copay	Primary Care Visit Copay
1500 Classic   2500 Classic   3500 Classic   5000	\$50 Coppy	No riaxiliuiii	NoMaximum	No Maximum	No Maximum	No Maximum	Lifetime Maximum
1500 Classic   2500 Classic   3500	No Mavimum	Movimum	100%	100%	100%	100%	Preventive Care
1500 Classic   2500 Classic   3500 Classic   5000	100%	\$14,700 H7 \$40,000 Cdt	\$14,700 in / \$40,000 Out	\$14,700 ln / \$40,000 Out	\$14,700 ln / \$40,000 Out	\$14,700 ln / \$40,000 Out	Family Max Out of Pocket
1500 Classic   2500 Classic   3500 Classic   5000	\$14 700 lb / \$40 000 Out	\$1,300H7 \$20,000 Out	\$7,350 in / \$20,000 Out	\$7,350 In / \$20,000 Out	\$7,350 ln / \$20,000 Out	\$7,350 In / \$20,000 Out	Individual Max Out of Pocket
1500 Classic   2500 Classic   3500 Classic   5000	\$7 350 ln / \$20 000 Out	\$7 350 in / \$20,000 Out	\$10,000 m / \$20,000 Out	\$7,000 in / \$14,000 Out	\$5,000 ln /\$10,000 Out	\$3,000 ln / \$6,000 Out	Family Deductible
1500 Classic   2500 Classic   3500 Classic   5000	\$14,700 ln / \$29,400 Out	\$30 000 in / \$30 000 Out	\$5,000 in /\$10,000 Out	\$3,500 In / \$7,000 Out	\$2,500 In / \$5,000 Out	\$1,500 ln / \$3,000 Out	Individual Deductible
1500 Classic   2500 Classic   3500 Classic   5000	#10 002 VF\$ / #1 035 Z\$	\$1 000 L \$\$10 000 0		Benefits			
1500 Classic   2500 Classic   3500 Classic   5000	\$4,002	\$1,511	\$2,096	\$2,285	\$2,604	\$2,827	Family
1500 Classic   2500 Classic   3500 Classic   5000	6 P C C C C C C C C C C C C C C C C C C	\$1,158	\$1,269	\$1,382	\$1,573	\$1,707	Member + Child(ren)
## PHCS	\$1,150	\$1,283	\$1,407	\$1,532	\$1,745	\$1,894	Member + Spouse
## PHCS ## PHC	8/9\$	\$6000 0000	\$717	\$780	\$886	\$960	Member
## PHCS ## PHC	A comp			Rates			
1500 Classic 2500 Classic 3500 Classic 5000	All ou oldies	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States	Plan Availability
1500 Classic 2500 Classic 3500 Classic 5000	Practitioner and Ancillary Network  www.naibiplan.com	Practitioner and Ancillary Network www.multiplag.com	Practitioner and Ancillary Network www.mulipian.com	Practitioner and Ancillary Network  www.atulitiplus.com	Practitioner and Ancillary Network	Practitioner and Ancillary Network www.gishiplan.com	Network Name Network Search
2500 Classic 3500 Classic 5000 Classic 5000 Classic	PHCS	PHCS	<b>#</b> PHCS	PHCS		PHCS	Network
5000 1000	7350 Value	5000 HSA	5000 Classic	3500 Classic	2500 Classic	1500 Classic	Plan Name

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\*\$125 one-time processing fee.

Disclaimer: This spreadsheet is only a snapshot of benefits. Please refer to the SBC as this is for illustration purposes only. Online rates and benefits supersede this sheet.

<sup>\*</sup> All plans are Reference-Based Pricing.
\*New business rates good until 6/1/2025.
\*12-month rate guarantee from effective date.

<sup>\*</sup>All benefits are on a calendar year basis.