PLAN	CIGNA EPO HSA $1,750 $25 Monthly Contribution to HSA	CIGNA EPO $1,000	PHCS HSA PPO 8300 $25 Monthly to HSA	PHCS COPAY PPO 4500	PHCS COPAY PPO 3500
	EPO stands for Exclusive Provider Organization. You must use doctors and hospitals in the plan's network (except for emergencies)		PPO stands for Preferred Provider Organization. A PPO is a type of health insurance plan that gives members flexibility in choosing doctors and hospitals.		
Annual Deductible - Individual (In/Out Network)	$1,750 / In Network Only	$1,000 / In Network Only	$8,300 / $18,900	$4,500 / $8,500	$3,500 / $7,500
Anunal Deductible - Family (In/Out Network)	$3,500 / In Network Only	$2,000 / In Network Only	$16,600 / $37,800	$9,000 / $17,000	$7,000 / $15,000
Coinsurance - (In/Out Network)	DEDUCTIBLE MUST BE MET PRIOR TO COPAYS		0% / 50%	30% / 50%	20% / 50%
Out of Pocket Maximum - Individual (In/Out Network)	$9,200 / In Network Only	$9,200 / In Network Only	$9,450 / $24,000	$8,150 / $20,000	$7,3500 / $17,500
Out of Pocket Maximum - Family (In/Out Network)	$18,400 / In Network Only	$18,400 / In Network Only	$18,900 / $48,000	$16,300 / $40,000	$14,700 / $35,000
Preventive Services	$0 copay $0 deductible	$0 copay $0 deductible	$0 copay $0 deductible	$0 copay $0 deductible	$0 copay $0 deductible
Primary Care Visits	$50 copay (after deductible)	$50 copay (after deductible)	0% after deductible	$40 / $0 with PA	$40 / $0 with PA
Specialist Visits	$50 copay (after deductible)	$50 copay (after deductible)	0% after deductible	$90 / $20 with PA	$90 / $20 with PA
Urgent Care Visits	$50 copay (after deductible)	$50 copay (after deductible)	0% after deductible	$90 Copay	$90 Copay
Labs/Radiology	$25 copay	$25 copay	0% after deductible	$0 at Quest or Labcorp	$0 at Quest or Labcorp
CT/PET/MRI/EKG	$200 copay (Pre-certification required)	$200 copay (Pre-certification required)	0% after deductible	$300	$300
Emergency Room	$1,000 copay (After Deductible)	$1,000 copay (After Deductible)	0% after deductible	30% after deductible	20% after deductible
Outpatient Procedure	$2,500 copay/admission (After Deductible)	$2,500 copay/admission (After Deductible)	0% after deductible	30% after deductible	20% after deductible
Inpatient/Hospital	$2,500 copay/admission (After Deductible)	$2,500 copay/admission (After Deductible)	0% after deductible	30% after deductible	20% after deductible
Teledoctor Visit	$0	$0	$0	$0	$0
Maternity/Delivery	$2,500 copay/admission (After Deductible)	$2,500 copay/admission (After Deductible)	0% after deductible	30% after deductible	20% after deductible
Prescriptions - See Formulary	$0 Copay - Generic Urgent Care/Maintenance. PAP available for speciality, brand name & non-preferred	$0 Copay - Generic Urgent Care/Maintenance. PAP available for speciality, brand name & non-preferred	$20 generic $65 Brand	$5 generic $65 brand $200 Specialty	$5 generic $65 brand $200 Specialty
	*This plan is underwritten by Benefit Logistic Captive Insurance Co, Inc NAIC #17633 and not by Cigna.				

Ages 18-65 Monthly Rates	CIGNA EPO HSA $1,750 $25 Monthly Contribution to HSA	CIGNA EPO $1,000	PHCS HSA PPO 8300 $25 Monthly to HSA	PHCS COPAY PPO 4500	PHCS COPAY PPO 3500
Employee Only - Monthly	$414.00	$459.00	$499.01	$649.80	$749.90
Employee + Spouse - Monthly	$739.00	$779.00	$859.47	$1,339.23	$1,415.49
Employee + Children - Monthly	$729.00	$769.00	$969.62	$1,213.73	$1,379.88
Employee + Family - Monthly	$1,009.00	$1,079.00	$1,214.63	$1,796.94	$2,071.67
Network / PLAN	https://hcpdirectory.cigna.com/web/public/consumer/directory - Extended PPO		https://providersearch.multiplan.com/ - Extended PPO		

DENTAL PLANS	Open CIGNA PPO DENTAL Network				
	Open Access PPO	Open Access PPO Orthodontic Included			
	SMART PREMIUM 100/80/60-1000C-MAC	SMART PREMIUM PLUS 100/80/50-2000			
Annual Benefit Maximum Per insured person per calendar year	$1,000.00	$2,000.00			
Annual Deductible Per insured person per calendar year	$50 / $150	$50 / $150			
Employee Only	$34.77	$60.22			
Employee + Spouse	$69.54	$120.45			
Employee + Children	$78.58	$131.73			
Employee + Family	$113.34	$191.95			
VSP Vision	www.vsp.com/eye-doctor				
Employee Only	$9.52				
Employee + Spouse	$19.04				
Employee + Children	$20.78				
Employee + Family	$32.42				

Disclosure: The medical, dental, and vision pricing shown on this website is for reference only and may contain errors or changes. Actual rates, benefits, and terms are determined solely by the insurance carriers. In the event of any difference, the carrier's official documents shall apply. Band of Hands Inc. is not responsible for any inaccuracies, omissions, or changes in pricing or plan details. Please review all final carrier documents before making any decisions.