

Healthcare Benefits Summary Sheet

Phone: (800)838-8135













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Rates do not include \$20 per month Association Admin Fees.

	PPO 5000	Silver 3000 PPO	Elite 1000
Member	\$548.00	\$639.00	\$984.00
Member + Spouse	\$1011.00	\$1202.00	\$1894.00
Member + 1 Child Only	\$888.00	\$1048.00	\$1516.00
Family	\$1309.00	\$1569.00	\$2484.00

[View Included: Term Life Insurance \\$5,000](#)



	PPO 5000	Silver 3000 PPO	Elite 1000
PPO Provider Network Search			
Rx Formulary			
SBC			
Imaging Lookup			
Plan Availability	All 50 States	All 50 States	All 50 States
PPO Network	Cigna PPO	Cigna PPO	Cigna PPO
Referrals	No Referrals Required	No Referrals Required	No Referrals Required
Deductible (Family x2)	In-Net: \$5,000	In-Net: \$3,000	In-Net: \$1,000
	Out: \$10,000	Out: \$6,000	Out: \$6,000
Coinsurance	In-Net: 30% After Deductible	In-Net: 30% After Deductible	In-Net: 20% After Deductible
	Out-Net: 50% After Deductible	Out-Net: 40% After Deductible	Out-Net: 50% After Deductible
Out Of Pocket Max	In-Net: \$7,000 Single / \$ 14,000 Family	In-Net: \$7,000 Single / \$ 14,000 Family	In-Net: \$7,150 Single / \$ 14,300 Family
	Out-Net: \$20,000 Single / \$40,000 Family	Out-Net: \$12,000 Single / \$24,000 Family	Out-Net: Unlimited Single / Unlimited Family
Office Co-payments	\$20/\$60 copay: Not subject to deductible	\$40/\$60 Not subject to deductible	\$30/\$50 Not subject to deductible
	Out-Net: Subject to Deductible & Co-Insurance	Out-Net: Subject to Deductible & Co-Insurance	Out-Net: Subject to Deductible & Co-Insurance
Hospital (In Patient)	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance
Prescription Benefits	Rx Search	Rx Search	Rx Search
	Generic: 30%	Generic: \$25	Generic: \$25
	Brand preferred: 30%	Brand preferred: \$50	Brand preferred: \$50
	Non-Preferred: 30%	Non-Preferred: \$75	Non-Preferred: \$75

Emergency Room	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
Outpatient Imaging (CT/PT/MRI)	Subject Deductible & Co-insurance	Subject Deductible & Co-insurance	Subject Deductible & Co-insurance
Urgent Care (Not Sub. to Ded.)	In-Net: \$60 Copay Not subject to deductible Out-Net: Deductible & Co-Insurance	In-Net: \$60 Copay Not subject to deductible Out-Net: Deductible & Co-Insurance	In-Net: \$50 Copay Out-Net: Deductible & Co-Insurance
Child eye exam & dental check-up	In-Net: No Charge Out-Net: Not Covered	In-Net: No Charge Out-Net: Not Covered	In-Net: No Charge Out-Net: Not Covered
Durable Medical	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance
Lab (Blood work)	Subject Deductible & Co-insurance	In-Net: No Charge Subject Deductible & Co-insurance	In-Net: No Charge Subject Deductible & Co-insurance
Home Health Care (90 visit max 12 month prd)	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance
Hospital Based Outpatient Facility	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance
Physician and surgeon fees	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance
Out of network payment type	125% Medicare	125% Medicare	125% Medicare

[View General Exclusions](#)
