

# PPO Plan

Please note, the following chart presents only the highlights of your medical plan. More detailed information can be found in the Summary Plan Description.

Plan Highlights	In-Network – CIGNA	Out-of-Network
<b>Annual Deductible</b>		
Individual	\$500	\$750
Family	\$1,500	\$2,250
<b>Annual Out-of-Pocket Maximum</b>		
Individual	\$1,500	\$2,750
Family	\$4,500	\$8,250
<b>Amounts below are what YOU would pay</b>	<b>You Pay</b>	<b>You Pay</b>
Preventive Care Services	\$0	40%
Primary Care Doctor Office Visit	\$25 copay	40% after deductible
Specialist Doctor Office Visit	\$25 copay	40% after deductible
Chiropractor	20% after deductible 26 visits covered per person per year	40% after deductible 26 visits covered per person per year
Lab Diagnostics and X-Rays	20% after deductible	40% after deductible
Complex Imaging Services (MRI, PET, and CT scans)	20% after deductible	40% after deductible
Urgent Care	\$25 copay	40% after deductible
Emergency Room	20% after deductible	Same as in-network
Hospitalization	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible

## Prescription Drugs

<b>Rx Deductible</b>		
Individual	\$100	
Family	\$300	
<b>Rx Out-of-Pocket Maximum</b>		
Individual	\$5,000	
Family	\$9,000	
<b>Rx Copays (30-day supply / 90-day supply)</b>		
Generic	\$15 / \$30 copay	
Preferred Brand	\$30 / \$60 copay	
Non-Preferred Brand	\$45 / \$90 copay	
Specialty	30% after Rx deductible	