



**2024 Rates  
Smart Health Plan  
Cigna PPO Plans**

| <b>DERGALIS Plan #</b>                      | <b>Plan #1</b>  |   | <b>Plan #2</b>   |   | <b>Plan #3</b>  |   |
|---|---|---|--|---|---|---|
| <b>Plan Name:</b>                           | <b>\$7,350 Plan</b>   |   | <b>\$5,000 Plan</b>  |   | <b>\$2,500 Plan</b>   |   |
| <b>Network Search:</b>                      | <a href="http://www.cigna.com">www.cigna.com</a>  |   | <a href="http://www.cigna.com">www.cigna.com</a>   |   | <a href="http://www.cigna.com">www.cigna.com</a>  |   |
| <b>States Available:</b>                    | Available in 50 States  |   | Available in 50 States   |   | Available in 50 States  |   |
|   | <b>In-Network Benefits</b>  | <b>Non-Network Benefits</b>   | <b>In-Network Benefits</b>   | <b>Non-Network Benefits</b>   | <b>In-Network Benefits</b>  | <b>Non-Network Benefits</b>   |
| <b>Referrals Needed:</b>                    | No  | No  | No   | No  | No  | No  |
| <b>Preventative Care:</b>                   | Covered   | Deductible then 50% coinsurance   | Covered  | Deductible then 40% coinsurance   | Covered   | Deductible then 40% coinsurance   |
| <b>Deductible: Individual/Family</b>        | \$7,350/\$14,700  | \$14,700/\$29,400   | \$5,000/\$10,000   | \$10,000/\$20,000   | \$2,500/\$5,000   | \$5,000/\$10,000  |
| <b>Co-Insurance:</b>                        | 100%/0%   | 50%/50%   | 80%/20%  | 60%/40%   | 80%/20%   | 60%/40%   |
| <b>Max Out of Pocket: Individual/Family</b> | \$7,350/\$14,700  | \$14,700/\$29,400   | \$7,350/\$14,700   | \$14,700/\$29,400   | \$7,350/\$14,700  | \$14,700/\$29,400   |
| <b>Office Co-payments:</b>                  | PCP - \$50 copay<br>Specialist - \$100 copay  | PCP - Deductible then 50% coinsurance<br>Specialist - Deductible then 50% coinsurance | PCP \$45 copay<br>Specialist \$90 copay  | PCP - Deductible then 40% coinsurance<br>Specialist - Deductible then 40% coinsurance | PCP \$20 copay<br>Specialist \$80 copay   | PCP - Deductible then 40% coinsurance<br>Specialist - Deductible then 40% coinsurance |
| <b>Mental Health: (Out-Patient)</b>         | \$50 copay  | Deductible then 50% coinsurance   | \$25 copay   | Deductible then 40% coinsurance   | \$40 copay  | Deductible then 40% coinsurance   |
| <b>Chiropractor: (15 Visits Per/Yr.)</b>    | \$20 copay  | Subject to plan allowable   | \$20 copay   | Subject to plan allowable   | \$20 copay  | Subject to plan allowable   |
| <b>Hospital: (In-Patient)</b>               | Deductible then 0% coinsurance  | Deductible then 50% coinsurance   | Deductible then 20% coinsurance  | Deductible then 40% coinsurance   | Deductible then 20% coinsurance   | Deductible then 40% coinsurance   |
| <b>Prescription Benefits:</b>               | Generic - Discount Card<br>Preferred Brand - Discount Card<br>Non-Preferred - Discount Card<br>Specialty - Not Covered  | Not Covered   | Generic - \$15<br>Preferred Brand - \$65<br>Non-Preferred - \$100<br>Specialty - Not Covered | Not Covered   | Generic - \$15<br>Preferred Brand - \$45<br>Non-Preferred - \$85<br>Specialty - Not Covered | Not Covered   |
| <b>Emergency Medical Transportation:</b>    | Deductible then 0% coinsurance  | Deductible then 40% coinsurance   | Deductible then 20% coinsurance  | Deductible then 40% coinsurance   | Deductible then 20% coinsurance   | Deductible then 40% coinsurance   |
| <b>Emergency Room:</b>                      | Deductible then 0% coinsurance  | Deductible then 40% coinsurance   | Deductible then 20% coinsurance  | Deductible then 40% coinsurance   | Deductible then 20% coinsurance   | Deductible then 20% coinsurance   |
| <b>X-Ray, Bloodwork:</b>                    | Deductible then 0% coinsurance  | Deductible then 50% coinsurance   | Deductible then 20% coinsurance  | Deductible then 40% coinsurance   | Deductible then 20% coinsurance   | Deductible then 40% coinsurance   |
| <b>Advanced Imaging:</b>                    | Deductible then 0% coinsurance  | Deductible then 50% coinsurance   | Deductible then 20% coinsurance  | Deductible then 40% coinsurance   | Deductible then 20% coinsurance   | Deductible then 40% coinsurance   |
| <b>Urgent Care:</b>                         | \$100 copay   | Deductible then 50% coinsurance   | \$90 copay   | Deductible then 40% coinsurance   | \$80 copay  | Deductible then 40% coinsurance   |
| <b>Child Eye Exam:</b>                      | Covered   | Not Covered   | Covered  | Not Covered   | Covered   | Not Covered   |
| <b>Child Dental Exam:</b>                   | Not Covered   | Not Covered   | Not Covered  | Not Covered   | Not Covered   | Not Covered   |
| <b>Durable Medical:</b>                     | Deductible then 0% coinsurance  | Deductible then 50% coinsurance   | Deductible then 20% coinsurance  | Deductible then 40% coinsurance   | Deductible then 20% coinsurance   | Deductible then 40% coinsurance   |
| <b>Home Health Care:</b>                    | Deductible then 0% coinsurance  | Deductible then 50% coinsurance   | Deductible then 20% coinsurance  | Deductible then 40% coinsurance   | Deductible then 20% coinsurance   | Deductible then 40% coinsurance   |
| <b>Hospital Stay:</b>                       | Deductible then 0% coinsurance  | Deductible then 50% coinsurance   | Deductible then 20% coinsurance  | Deductible then 40% coinsurance   | Deductible then 20% coinsurance   | Deductible then 40% coinsurance   |
| <b>Physician and Surgeon Fees:</b>          | Deductible then 0% coinsurance  | Deductible then 50% coinsurance   | Deductible then 20% coinsurance  | Deductible then 40% coinsurance   | Deductible then 20% coinsurance   | Deductible then 40% coinsurance   |
| <b>Payment Type:</b>                        | Plan Allowable  | 125% of Medicare  | Plan Allowable   | 125% of Medicare  | Plan Allowable  | 125% of Medicare  |
| <b>Sample Monthly Cost</b>                  | <b>Plan #1 / \$7,350 Plan</b>   |   | <b>Plan #2 / \$5,000 Plan</b>  |   | <b>Plan #3 / \$2,500 Plan</b>   |   |
| <b>Member Only:</b>                         | <b>\$723.00</b>   |   | <b>\$860.00</b>  |   | <b>\$1,065.00</b>   |   |
| <b>Member + Spouse:</b>                     | <b>\$1,419.00</b>   |   | <b>\$1,693.00</b>  |   | <b>\$2,102.00</b>   |   |
| <b>Member + Child(ren):</b>                 | <b>\$1,280.00</b>   |   | <b>\$1,527.00</b>  |   | <b>\$1,895.00</b>   |   |
| <b>Member + Family:</b>                     | <b>\$2,115.00</b>   |   | <b>\$2,526.00</b>  |   | <b>\$3,140.00</b>   |   |
| <b>Notes:</b>                               | <b>One-Time Processing Fee: \$125</b><br><b>Deductible and MOOP Reset every January 1st</b><br>Pricing is subject to change pending the results of the underwriting process<br>This is for illustration purposes only<br><b>***SEE SBC FOR LIMITATIONS, EXCEPTIONS and OTHER IMPORTANT INFORMATION***</b> |   |  |   |   |   |



## 2024 Rates Smart Health Plan RBP PPO Plan Options

| DERGALIS Plan #                      | Plan #4  |                      | Plan #5  |                      | Plan #6   |                      |
|--------------------------------------|--|----------------------|--|----------------------|---|----------------------|
| Plan Name:                           | \$7,350 Classic  |                      | \$5,000 Classic  |                      | \$2,500 Classic   |                      |
| Network Search:                      | <a href="http://www.multiplan.com">www.multiplan.com</a>   |                      | <a href="http://www.multiplan.com">www.multiplan.com</a>                                     |                      | <a href="http://www.multiplan.com">www.multiplan.com</a>                                    |                      |
| States Available:                    | Available in 50 States   |                      | Available in 50 States   |                      | Available in 50 States  |                      |
|                                      | In-Network Benefits  | Non-Network Benefits | In-Network Benefits  | Non-Network Benefits | In-Network Benefits   | Non-Network Benefits |
| Referrals Needed:                    | No   |                      | No   |                      | No  |                      |
| Preventative Care:                   | Covered  |                      | Covered  |                      | Covered   |                      |
| Deductible: Individual/Family        | \$7,350/\$14,700   | \$14,700/\$29,400    | \$5,000/\$10,000   | \$10,000/\$20,000    | \$2,500/\$5,000   | \$5,000/\$10,000     |
| Out of Pocket Max: Individual/Family | \$7,350/\$14,700   | \$20,000/\$40,000    | \$7,350/\$14,700   | \$20,000/\$40,000    | \$7,350/\$14,700  | \$20,000/\$40,000    |
| Office Co-payments:                  | PCP \$50 copay<br>Specialist \$100 copay   |                      | PCP \$45 copay<br>Specialist \$90 copay  |                      | PCP \$40 copay<br>Specialist \$80 copay   |                      |
| Mental Health: (Out-Patient)         | \$50 copay   |                      | \$45 copay   |                      | \$40 copay  |                      |
| Hospital: (In-Patient)               | Deductible then 0%   |                      | Deductible then 20% coinsurance  |                      | Deductible then 20% coinsurance   |                      |
| Prescription Benefits:               | Generic - Discount Card<br>Preferred Brand - Discount Card<br>Non-Preferred - Discount Card<br>Specialty - Not Covered   |                      | Generic - \$15<br>Preferred Brand - \$65<br>Non-Preferred - \$100<br>Specialty - Not Covered |                      | Generic - \$15<br>Preferred Brand - \$45<br>Non-Preferred - \$85<br>Specialty - Not Covered |                      |
| Emergency Medical Transportation:    | Deductible then 0%   |                      | Deductible then 20% coinsurance  |                      | Deductible then 20% coinsurance   |                      |
| Emergency Room:                      | Deductible then 0%   |                      | Deductible then 20% coinsurance  |                      | Deductible then 20% coinsurance   |                      |
| X-Ray, Bloodwork:                    | Deductible then 0%   |                      | Deductible then 20% coinsurance  |                      | Deductible then 20% coinsurance   |                      |
| Advanced Imaging:                    | Deductible then 0%   |                      | Deductible then 20% coinsurance  |                      | Deductible then 20% coinsurance   |                      |
| Urgent Care:                         | \$100 copay  |                      | \$90 copay   |                      | \$80 copay  |                      |
| Child Eye Exam:                      | Not Covered  |                      | Not Covered  |                      | Not Covered   |                      |
| Child Dental Exam:                   | Not Covered  |                      | Not Covered  |                      | Not Covered   |                      |
| Durable Medical:                     | Deductible then 0%   |                      | Deductible then 20% coinsurance  |                      | Deductible then 20% coinsurance   |                      |
| Home Health Care:                    | Deductible then 0%   |                      | Deductible then 20% coinsurance  |                      | Deductible then 20% coinsurance   |                      |
| Hospital Stay:                       | Deductible then 0%   |                      | Deductible then 20% coinsurance  |                      | Deductible then 20% coinsurance   |                      |
| Physician and Surgeon Fees:          | Deductible then 0%   |                      | Deductible then 20% coinsurance  |                      | Deductible then 20% coinsurance   |                      |
| Reimbursement                        | 125% of Medicare   |                      | 125% of Medicare   |                      | 125% of Medicare  |                      |
| Sample Monthly Cost                  | Plan #4 / \$7,350 Classic  |                      | Plan #5 / \$5,000 Classic  |                      | Plan #6 / \$2,500 Classic   |                      |
| Member Only:                         | \$576.00   |                      | \$717.00   |                      | \$886.00  |                      |
| Member + Spouse:                     | \$1,130.00   |                      | \$1,407.00   |                      | \$1,745.00  |                      |
| Member + Child(ren):                 | \$1,020.00   |                      | \$1,269.00   |                      | \$1,573.00  |                      |
| Member + Family:                     | \$1,682.00   |                      | \$2,096.00   |                      | \$2,604.00  |                      |
| Notes:                               | <b>One-Time Processing Fee: \$125</b><br><b>Deductible and MOOP Reset every January 1st</b><br>Pricing is subject to change pending the results of the underwriting process<br>This is for illustration purposes only<br>***SEE SBC FOR LIMITATIONS, EXCEPTIONS and OTHER IMPORTANT INFORMATION*** |                      |  |                      |   |                      |