

**2025 Rates
Smart Health Plan
Cigna PPO Plans**

DERGALIS Plan #	Plan #1		Plan #2		Plan #3	
Plan Name:	\$7,350 Plan		\$5,000 Plan		\$2,500 Plan	
Network Search:	www.cigna.com		www.cigna.com		www.cigna.com	
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	No	No	No
Preventative Care:	Covered	Deductible then 50% coinsurance	Covered	Deductible then 40% coinsurance	Covered	Deductible then 40% coinsurance
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
Co-Insurance:	100%/0%	50%/50%	80%/20%	60%/40%	80%/20%	60%/40%
Max Out of Pocket: Individual/Family	\$7,350/\$14,700	\$14,700/\$29,400	\$7,350/\$14,700	\$14,700/\$29,400	\$7,350/\$14,700	\$14,700/\$29,400
Office Co-payments:	PCP - \$50 copay Specialist - \$100 copay	PCP - Deductible then 50% coinsurance Specialist - Deductible then 50% coinsurance	PCP \$45 copay Specialist \$90 copay	PCP - Deductible then 40% coinsurance Specialist - Deductible then 40% coinsurance	PCP \$20 copay Specialist \$80 copay	PCP - Deductible then 40% coinsurance Specialist - Deductible then 40% coinsurance
Mental Health: (Out-Patient)	\$50 copay	Deductible then 50% coinsurance	\$25 copay	Deductible then 40% coinsurance	\$40 copay	Deductible then 40% coinsurance
Chiropractor: (15 Visits Per/Yr.)	\$20 copay	Subject to plan allowable	\$20 copay	Subject to plan allowable	\$20 copay	Subject to plan allowable
Hospital: (In-Patient)	Deductible then 0% coinsurance	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Prescription Benefits:	Generic - Discount Card Preferred Brand - Discount Card Non-Preferred - Discount Card Specialty - Not Covered	Not Covered	Generic - \$15 Preferred Brand - \$65 Non-Preferred - \$100 Specialty - Not Covered	Not Covered	Generic - \$15 Preferred Brand - \$45 Non-Preferred - \$85 Specialty - Not Covered	Not Covered
Emergency Medical Transportation:	Deductible then 0% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Emergency Room:	Deductible then 0% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 20% coinsurance
X-Ray, Bloodwork:	Deductible then 0% coinsurance	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Advanced Imaging:	Deductible then 0% coinsurance	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Urgent Care:	\$100 copay	Deductible then 50% coinsurance	\$90 copay	Deductible then 40% coinsurance	\$80 copay	Deductible then 40% coinsurance
Child Eye Exam:	Covered	Not Covered	Covered	Not Covered	Covered	Not Covered
Child Dental Exam:	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Durable Medical:	Deductible then 0% coinsurance	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Home Health Care:	Deductible then 0% coinsurance	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Hospital Stay:	Deductible then 0% coinsurance	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Physician and Surgeon Fees:	Deductible then 0% coinsurance	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Payment Type:	Plan Allowable	125% of Medicare	Plan Allowable	125% of Medicare	Plan Allowable	125% of Medicare
Sample Monthly Cost	Plan #1 / \$7,350 Plan		Plan #2 / \$5,000 Plan		Plan #3 / \$2,500 Plan	
Member Only:	\$751.00		\$896.00		\$1,109.00	
Member + Spouse:	\$1,474.00		\$1,763.00		\$2,189.00	
Member + Child(ren):	\$1,329.00		\$1,590.00		\$1,973.00	
Member + Family:	\$2,197.00		\$2,631.00		\$3,270.00	
Notes:	One-Time Processing Fee: \$125 Deductible and MOOP Reset every January 1st Pricing is subject to change pending the results of the underwriting process This is for illustration purposes only ***SEE SBC FOR LIMITATIONS, EXCEPTIONS and OTHER IMPORTANT INFORMATION***					

2025 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:	www.multiplan.com		www.multiplan.com		www.multiplan.com	
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 Specialist \$100 copay		PCP \$45 copay Specialist \$90 copay		PCP \$40 copay 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 Preferred Brand - Discount Card Non-Preferred - Discount Card Specialty - Not Covered		Generic - \$15 Preferred Brand - \$65 Non-Preferred - \$100 Specialty - Not Covered		Generic - \$15 Preferred Brand - \$45 Non-Preferred - \$85 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:	\$606.00		\$751.00		\$928.00	
Member + Spouse:	\$1,184.00		\$1,474.00		\$1,829.00	
Member + Child(ren):	\$1,069.00		\$1,329.00		\$1,649.00	
Member + Family:	\$1,763.00		\$2,197.00		\$2,730.00	
Notes:	One-Time Processing Fee: \$125 Deductible and MOOP Reset every January 1st Pricing is subject to change pending the results of the underwriting process This is for illustration purposes only ***SEE SBC FOR LIMITATIONS, EXCEPTIONS and OTHER IMPORTANT INFORMATION***					