

2026/2027 Rates

Smart Health Plans




Cigna PPO Plan Options

DERGALIS PLAN NAME	PLAN #1	PLAN #2	PLAN #3
PLAN NAME	7350 Value	5000 Classic	2500 Classic
Network			
Provider Search*	www.cigna.com	www.cigna.com	www.cigna.com
Plan Availability	All 50 States	All 50 States	All 50 States
MONTHLY PREMIUMS			
Member	\$834.00	\$982.00	\$1,217.00
Member & Spouse	\$1,640.00	\$1,937.00	\$2,406.00
Member & Child(ren)	\$1,479.00	\$1,746.00	\$2,168.00
Family	\$2,466.00	\$2,892.00	\$3,595.00
BENEFITS			
Individual Deductible	\$7,350 In / \$14,700 Out	\$5,000 In / \$10,000 Out	\$2,500 In / \$5,000 Out
Family Deductible	\$14,700 in / \$29,400 out	\$10,000 In / \$20,000 Out	\$5,000 In / \$10,000 Out
Individual MOOP	\$7,350 In / \$14,700 Out	\$7,350 In / \$14,700 Out	\$7,350 In / \$14,700 Out
Family MOOP	\$14,700 In / \$29,400 Out	\$14,700 In / \$29,400 Out	\$14,700 In / \$29,400 Out
Coinsurance (Plan/You)	100% / 0%	80% / 20%	80% / 20%
Lifetime Maximum	No Maximum	No Maximum	No Maximum
OFFICE VISITS			
Preventative Care	100%	100%	100%
Primary Care Copay	\$50 Copay	\$45 Copay	\$40 Copay
Specialist Care Copay	\$100 Copay	\$90 Copay	\$80 Copay
DIAGNOSTICS			
Laboratory Services	Deductible then Plan pays 100%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
RADIOLOGY SERVICES			
CT/X-Ray/MRI/Ultrasound	Deductible then Plan pays 100%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
FACILITY & PROFESSIONAL FEES			
Urgent Care	\$100 Copay	\$90 Copay	\$80 Copay
Emergency Room	Deductible then Plan pays 100%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Inpatient Stay	Deductible then Plan pays 100%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Outpatient Stay	Deductible then Plan pays 100%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Facility Fee	Deductible then Plan pays 100%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Professional Fee	Deductible then Plan pays 100%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Physician Fee	Deductible then Plan pays 100%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
PRESCRIPTION DRUG BENEFITS			
Generic	Deductible then Plan pays 100%	\$15 Copay	\$15 Copay
Preferred Brand	Deductible then Plan pays 100%	\$65 Copay	\$45 Copay
Non-Preferred Brand	Deductible then Plan pays 100%	\$100 Copay	\$85 Copay
SUMMARY OF BENEFITS and COVERAGE (SBCs)			
SBC	SHP Cigna 7350 Classic	SHP Cigna 5000 Classic	SHP Cigna 2500 Classic
NOTES:	<p>*See SBC for LIMITATIONS, EXCEPTIONS and OTHER IMPORTANT INFORMATION</p> <p>*Adminstrator SBCs and online rates supersede this summary</p> <p>*12-month rate lock / All benefits on a calendar year basis</p> <p>*Deductible and MOOP reset every January 1st</p> <p>*One-time Processing fee of \$125</p> <p>*This is a snapshot of benefits</p> <p>*This is for illustration purposes only</p> <p>*Rates good through 05/31/2027</p> <p style="text-align: right;">Provider Search How To</p>		

2026/2027 Rates

Smart Health Plans

RBP / PHCS PPO Plan Options

DERGALIS PLAN NAME	PLAN #4	PLAN #5	PLAN #6
PLAN NAME	7350 Value	5000 Classic	2500 Classic
Network			
Provider Search*	www.multiplan.us	www.multiplan.us	www.multiplan.us
Plan Availability	All 50 States	All 50 States	All 50 States
MONTHLY PREMIUMS			
Member	\$664.00	\$823.00	\$928.00
Member & Spouse	\$1,300.00	\$1,619.00	\$1,829.00
Member & Child(ren)	\$1,173.00	\$1,460.00	\$1,649.00
Family	\$1,936.00	\$2,414.00	\$2,730.00
BENEFITS			
Individual Deductible	\$7,350	\$5,000	\$2,500
Family Deductible	\$14,700	\$10,000	\$5,000
Individual MOOP	\$7,350	\$7,350	\$7,350
Family MOOP	\$14,700	\$14,700	\$14,700
Coinsurance (Plan/You)	100% / 0%	80% / 20%	80% / 20%
Lifetime Maximum	No Maximum	No Maximum	No Maximum
OFFICE VISITS			
Preventative Care	100%	100%	100%
Primary Care Copay	\$50 Copay	\$45 Copay	\$40 Copay
Specialist Care Copay	\$100 Copay	\$90 Copay	\$80 Copay
DIAGNOSTICS			
Laboratory Services	Deductible then Plan Pays 100%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
RADIOLOGY SERVICES			
CT/X-Ray/MRI/Ultrasound	Deductible then Plan pays 100%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
FACILITY & PROFESSIONAL FEES			
Urgent Care	\$100 Copay	\$90 Copay	\$80 Copay
Emergency Room	Deductible then Plan pays 100%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Inpatient Stay	Deductible then Plan pays 100%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Outpatient Stay	Deductible then Plan pays 100%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Facility Fee	Deductible then Plan pays 100%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Professional Fee	Deductible then Plan pays 100%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Physician Fee	Deductible then Plan pays 100%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
PRESCRIPTION DRUG BENEFITS			
Generic	Deductible then Plan pays 100%	\$15 Copay	\$15 Copay
Preferred Brand	Deductible then Plan pays 100%	\$65 Copay	\$45 Copay
Non-Preferred Brand	Deductible then Plan pays 100%	\$100 Copay	\$85 Copay
SBCs			
SBC	SHP PHCS 7350 Classic	SHP PHCS 5000 Classic	SHP PHCS 2500 Classic
NOTES:	<p>*See SBC for LIMITATIONS, EXCEPTIONS and OTHER IMPORTANT INFORMATION</p> <p>*Adminstrator SBCs and online rates supersedes this summary</p> <p>*12-month rate lock / All benefits on a calendar year basis</p> <p>*Deductible and MOOP reset every January 1st</p> <p>*One-time Processing fee of \$125</p> <p>*This is a snapshot of benefits</p> <p>*This is for illustration purposes only</p> <p>*Rates good through 05/31/2027</p>		
			Provider Search How To