



CIGNA PPO

➤ **Major Medical - Underwritten**

➤ **Rates outlined on the following pages are pre-underwritten & represent the average rate.**

Available to the members of the Employers Business Alliance. Self-Insured Plan reinsured by SiriusPoint (A Rated) and Includes the Cigna PPO Network.

➤ [Click Here: Search the CIGNA PPO Network](#)

1. Select "Employer or School"
2. Continue as Guest
3. Click "Continue" to Select a Plan
4. **Under Select a Plan, choose "PPO, Choice Fund PPO"**

	1000 Copay	1500 Copay	2500 Copay	3500 Copay	5000 Copay	3500 HSA	5000 HSA	7350 Copay
Deductible	\$1,000	\$1,500	\$2,500	\$3,500	\$5,000	\$3,500	\$5,000	\$7,350
Max Out of Pocket	\$5,000	\$7,350	\$7,350	\$7,350	\$7,350	\$6,550	\$6,550	\$7,350
Preventative	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care	\$20	\$30	\$30	\$45	\$45	Ded + 20%	Ded + 20%	\$50
Specialist	\$40	\$60	\$60	\$90	\$90	Ded + 20%	Ded + 20%	\$100
Urgent Care	\$40	\$60	\$60	\$90	\$90	Ded + 20%	Ded + 20%	\$100
Chiropractor	\$20	\$20	\$20	\$20	\$20	Ded + 20%	Ded + 20%	\$20
Mental Health	\$30	\$30	\$30	\$45	\$45	Ded + 20%	Ded + 20%	\$50
Blood / Lab / Imaging	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 0%
Hospital	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 0%
Surgery	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 0%
Outpatient Treatment	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 0%
Prescription Drugs	\$15 / \$45 / \$85 / 20%	\$15 / \$45 / \$85 / 20%	\$15 / \$45 / \$85 / 20%	\$15 / \$45 / \$85 / 20%	\$15 / \$45 / \$85 / 20%	Ded + 20%	Ded + 20%	\$15 / \$45 / \$85 / 20%
	Unlimited Benefit	Unlimited Benefit	Unlimited Benefit	Unlimited Benefit	Unlimited Benefit	Unlimited Benefit	Unlimited Benefit	Unlimited Benefit

Please Note: This is a generic representation of benefits and is only intended to serve as an initial proposal of benefits potentially available. Refer to the Schedule of Benefits for the official list of Benefits Coverage, Limitations, & Exclusions. If benefits outlined on this page differ from the Schedule of Benefits or Official Plan Documents, the Schedule of Benefits or Official Plan Documents will govern.

- Rates below are pre underwritten and represent the average final underwritten rate received. Final Rates could be higher or lower.
- **Final Approved Rates typically fall within the following ranges.** Approval is not guaranteed.
 - Member Only: *within \$75 /mo*
 - Member + SP: *within \$150 /mo*
 - Member + CH: *within \$150 /mo*
 - Member + Fam: *within \$250 /mo*

		1000 Copay	1500 Copay	2500 Copay	3500 Copay	5000 Copay	3500 HSA	5000 HSA	7350 Copay
Ages 18 - 39	Member Only	860.55	811.64	765.94	723.22	683.30	656.14	630.28	605.65
	Member + SP	1608.32	1512.00	1421.98	1337.85	1259.23	1205.74	1154.80	1106.29
	Member + CH	1463.37	1376.53	1295.37	1219.53	1148.64	1100.42	1054.50	1010.76
	Member + FAM	2351.11	2207.37	2073.04	1947.49	1830.16	1750.35	1674.33	1601.93
Ages 40 - 49	Member Only	894.55	843.42	795.63	750.98	709.24	680.85	653.81	628.05
	Member + SP	1676.32	1575.55	1481.38	1393.36	1311.10	1255.15	1201.85	1151.10
	Member + CH	1524.57	1433.73	1348.83	1269.48	1195.33	1144.89	1096.84	1051.09
	Member + FAM	2453.11	2302.70	2162.13	2030.76	1907.98	1824.46	1744.91	1669.15
Ages 50 - 59	Member Only	924.90	871.78	822.14	775.75	732.39	702.90	674.81	648.06
	Member + SP	1737.02	1632.28	1534.40	1442.91	1357.41	1299.25	1243.86	1191.10
	Member + CH	1579.20	1484.78	1396.55	1314.08	1237.01	1184.58	1134.65	1087.09
	Member + FAM	2544.16	2387.80	2241.66	2105.08	1977.44	1890.61	1807.92	1729.16
Ages 60 - 64	Member Only	992.72	935.17	881.38	831.11	784.13	752.17	721.74	692.75
	Member + SP	1872.66	1759.05	1652.87	1553.63	1460.89	1397.80	1337.71	1280.49
	Member + CH	1701.27	1598.87	1503.17	1413.73	1330.14	1273.27	1219.12	1167.54
	Member + FAM	2747.62	2577.94	2419.37	2271.17	2132.66	2038.44	1948.70	1863.24

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