









SMART HEALTH

Total Health Plan Solutions.

Plan Name	1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value
Network						
Network Name	Open Access Plus (OAP)	Open Access Plus (OAP)	Open Access Plus (OAP)	Open Access Plus (OAP)	Open Access Plus (OAP)	Open Access Plus (OAP)
Network Search	www.cigna.com	www.cigna.com	www.cigna.com	www.cigna.com	www.cigna.com	www.cigna.com
Plan Availability	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States
Member	\$1,154	\$1,065	\$936	\$860	\$786	\$723
Member + Spouse	\$2,281	\$2,102	\$1,845	\$1,693	\$1,544	\$1,419
Member + Child(ren)	\$2,056	\$1,895	\$1,663	\$1,527	\$1,393	\$1,280
Family	\$3,409	\$3,140	\$2,753	\$2,526	\$2,303	\$2,115
Individual Deductible	\$1,500 In / \$3,000 Out	\$2,500 In / \$5,000 Out	\$3,500 In / \$7,000 Out	\$5,000 In / \$10,000 Out	\$5,000 In / \$10,000 Out	\$7,350 In / \$14,700 Out
Family Deductible	\$3,000 In / \$6,000 Out	\$5,000 In / \$10,000 Out	\$7,000 In / \$14,000 Out	\$10,000 In / \$20,000 Out	\$10,000 In / \$20,000 Out	\$14,700 In / \$29,400 Out
Individual Max Out of Pocket	\$7,350 In / \$14,700 Out	\$7,350 In / \$14,700 Out	\$7,350 In / \$14,700 Out	\$7,350 In / \$14,700 Out	\$6,550 In / \$20,000 Out	\$7,350 In / \$14,700 Out
Family Max Out of Pocket	\$14,700 In / \$29,400 Out	\$14,700 In / \$29,400 Out	\$14,700 In / \$29,400 Out	\$14,700 In / \$29,400 Out	\$13,100 In / \$40,000 Out	\$14,700 In / \$29,400 Out
Preventive Care	100%	100%	100%	100%	100%	100%
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
Primary Care Visit Copay	\$40 Copay	\$40 Copay	\$45 Copay	\$45 Copay	\$45 Copay	\$50 Copay
Specialist Care Visit Copay	\$80 Copay	\$80 Copay	\$90 Copay	\$90 Copay	\$90 Copay	\$100 Copay
Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Professional Fees	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Facility (CT/PT/IR/MRA/SPECT)	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Professional Fees	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Emergency Room - Professional Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Emergency Room - Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Inpatient Hospital - Physician Fees	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Inpatient - Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Outpatient Hospital - Physician	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Outpatient Hospital - Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Urgent Care Copay	\$80 Copay	\$80 Copay	\$90 Copay	\$90 Copay	\$90 Copay	\$100 Copay
Generic	Retail: \$15 Copay	Retail: \$15 Copay	Retail: \$15 Copay	Retail: \$15 Copay	Deductible then Retail: \$15 Copay	Discount Card
Preferred Brand	Retail: \$45 Copay	Retail: \$45 Copay	Retail: \$65 Copay	Retail: \$65 Copay	Deductible then Retail: \$65 Copay	Discount Card
Non-Preferred Brand	Retail: \$85 Copay	Retail: \$85 Copay	Retail: \$100 Copay	Retail: \$100 Copay	Deductible then Retail: \$100 Copay	Discount Card

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*New business rates good until 6/1/2025.
**12-month rate guarantee from effective date.
*All benefits are on a calendar year basis.

Disclaimer: This spreadsheet is only a snapshot of benefits. Please refer to the SBC as this is for illustration purposes only. Online rates and benefits supersede this sheet.



SMART HEALTH

Total Health Plan Solutions.

Plan Name	1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value
Network	PHCS	PHCS	PHCS	PHCS	PHCS	PHCS
Network Name Practitioner and Ancillary Network www.mhphplan.com	Practitioner and Ancillary Network www.mhphplan.com	Practitioner and Ancillary Network www.mhphplan.com	Practitioner and Ancillary Network www.mhphplan.com	Practitioner and Ancillary Network www.mhphplan.com	Practitioner and Ancillary Network www.mhphplan.com	Practitioner and Ancillary Network www.mhphplan.com
Plan Availability	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States
Member	\$960	\$886	\$780	\$717	\$655	\$579
Member + Spouse	\$1,894	\$1,745	\$1,532	\$1,407	\$1,283	\$1,130
Member + Child(ren)	\$1,707	\$1,573	\$1,382	\$1,269	\$1,158	\$1,020
Family	\$2,827	\$2,604	\$2,285	\$2,096	\$1,911	\$1,682
Individual Deductible	\$1,500 In / \$3,000 Out	\$2,500 In / \$5,000 Out	\$3,500 In / \$7,000 Out	\$5,000 In / \$10,000 Out	\$5,000 In / \$10,000 Out	\$7,350 In / \$14,700 Out
Family Deductible	\$3,000 In / \$6,000 Out	\$5,000 In / \$10,000 Out	\$7,000 In / \$14,000 Out	\$10,000 In / \$20,000 Out	\$10,000 In / \$20,000 Out	\$14,700 In / \$29,400 Out
Individual Max Out of Pocket	\$7,350 In / \$20,000 Out	\$7,350 In / \$20,000 Out	\$7,350 In / \$20,000 Out	\$7,350 In / \$20,000 Out	\$7,350 In / \$20,000 Out	\$7,350 In / \$20,000 Out
Family Max Out of Pocket	\$14,700 In / \$40,000 Out	\$14,700 In / \$40,000 Out	\$14,700 In / \$40,000 Out	\$14,700 In / \$40,000 Out	\$14,700 In / \$40,000 Out	\$14,700 In / \$40,000 Out
Preventive Care	100%	100%	100%	100%	100%	100%
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
Primary Care Visit Copay	\$40 Copay	\$40 Copay	\$45 Copay	\$45 Copay	\$45 Copay	\$50 Copay
Specialist Care Visit Copay	\$80 Copay	\$80 Copay	\$90 Copay	\$90 Copay	\$90 Copay	\$100 Copay
Laboratory & Diagnostic Services						
Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Professional Fees	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Radiology Services						
Facility (CT/PET/MRI/RA/SPECT)	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Professional Fees	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Facility & Professional Services						
Emergency Room - Professional Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Emergency Room - Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Inpatient Hospital - Physician Fees	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Inpatient - Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Outpatient - Physician	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Outpatient Hospital - Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Urgent Care Copay	\$80 Copay	\$80 Copay	\$90 Copay	\$90 Copay	\$90 Copay	\$100 Copay
Prescription Drug Benefit						
Generic	Retail: \$15 Copay	Retail: \$15 Copay	Retail: \$15 Copay	Retail: \$15 Copay	Discount Card	Discount Card
Preferred Brand	Retail: \$45 Copay	Retail: \$45 Copay	Retail: \$65 Copay	Retail: \$65 Copay	Discount Card	Discount Card
Non-Preferred Brand	Retail: \$85 Copay	Retail: \$85 Copay	Retail: \$100 Copay	Retail: \$100 Copay	Discount Card	Discount Card

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* All plans are Reference-Based Pricing.

* New business rates good until 6/1/2025.

* 12-month rate guarantee from effective date.

* All benefits are on a calendar year basis.

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SMART HEALTH

Total Health Plan Solutions.

Plan Name	1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value
Network	QUALICARE <small>*MultiPlan/PHCS (All other states besides NJ)</small>	QUALICARE <small>*MultiPlan/PHCS (All other states)</small>	QUALICARE <small>*MultiPlan/PHCS (All other states)</small>	QUALICARE <small>*MultiPlan/PHCS (All other states)</small>	QUALICARE <small>*MultiPlan/PHCS (All other states)</small>	QUALICARE <small>*MultiPlan/PHCS (All other states)</small>
Plan Availability	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States
	Rates					
Member	\$960	\$886	\$780	\$717	\$655	\$579
Member + Spouse	\$1,894	\$1,745	\$1,532	\$1,407	\$1,283	\$1,130
Member + Child(ren)	\$1,707	\$1,573	\$1,382	\$1,269	\$1,158	\$1,020
Family	\$2,827	\$2,604	\$2,285	\$2,096	\$1,911	\$1,682
	Benefits					
Individual Deductible	\$1,500 In / \$3,000 Out	\$2,500 In / \$5,000 Out	\$3,500 In / \$7,000 Out	\$5,000 In / \$10,000 Out	\$5,000 In / \$10,000 Out	\$7,350 In / \$14,700 Out
Family Deductible	\$3,000 In / \$6,000 Out	\$5,000 In / \$10,000 Out	\$7,000 In / \$14,000 Out	\$10,000 In / \$20,000 Out	\$10,000 In / \$20,000 Out	\$14,700 In / \$29,400 Out
Individual Max Out of Pocket	\$7,350 In / \$20,000 Out	\$7,350 In / \$20,000 Out	\$7,350 In / \$20,000 Out	\$7,350 In / \$20,000 Out	\$7,350 In / \$20,000 Out	\$7,350 In / \$20,000 Out
Family Max Out of Pocket	\$14,700 In / \$40,000 Out	\$14,700 In / \$40,000 Out	\$14,700 In / \$40,000 Out	\$14,700 In / \$40,000 Out	\$14,700 In / \$40,000 Out	\$14,700 In / \$40,000 Out
Preventive Care	100%	100%	100%	100%	100%	100%
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Primary Care Visit Copay	\$40 Copay	\$40 Copay	\$45 Copay	\$45 Copay	\$45 Copay	\$50 Copay
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	Laboratory & Diagnostic Services					
Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
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	Radiology Services					
Facility (CT/PET/MRI/RASPECT)	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
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	Facility & Professional Services					
Emergency Room - Professional Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
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Inpatient Hospital - Physician Fees	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Inpatient - Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Outpatient - Physician	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
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	Prescription Drug Benefit					
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Non-Preferred Brand	Retail: \$85 Copay	Retail: \$85 Copay	Retail: \$100 Copay	Retail: \$100 Copay	Discount Card	Discount Card

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*The Qualicare network uses its network for all services in New Jersey; all other states the benefits will be based on Reference-Based Pricing.
 *Qualicare network in NJ, all other states, MultiPlan / PHCS.
 *New business rates good until 6/1/2025.
 *12-month rate guarantee from effective date.
 *All benefits are on a calendar year basis.
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