



SMART HEALTH

Total Health Plan Solutions.

| Plan Name | 1500 Classic | 2500 Classic | 3500 Classic | 5000 Classic | 5000 HSA | 7350 Value |
|--|--|--|--|--|--|--|
| Network <small>Network Name Network Search</small> | Open Access Plus (OAP) www.cigna.com | Open Access Plus (OAP) www.cigna.com | Open Access Plus (OAP) www.cigna.com | Open Access Plus (OAP) www.cigna.com | Open Access Plus (OAP) www.cigna.com | Open Access Plus (OAP) www.cigna.com |
| Plan Availability | All 50 States | All 50 States | All 50 States | All 50 States | All 50 States | All 50 States |
| Rates | | | | | | |
| 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 |
| 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 / \$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 | Deductible then Plan pays 80% | \$50 Copay |
| Specialist Care Visit Copay | \$80 Copay | \$80 Copay | \$90 Copay | \$90 Copay | Deductible then Plan pays 80% | \$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/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% |
| 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 | Deductible then Plan pays 80% | \$100 Copay |
| Prescription Drug Benefit | | | | | | |
| 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: \$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 |
| For Internal Use Only | *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. | | | | | |