Plan Details						
Plan Name	Cigna Choice CDHP (HBC)		Cigna Choice Plus CDHP (HBC)		Cigna PPO (HBC)	
Carriers	CIGNA Jan-01-2025 to Dec-31-2025		CIGNA Jan-01-2025 to Dec-31-2025		CIGNA Jan-01-2025 to Dec-31-2025	
Effective Dates						
Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Annual Deductible/Individual	\$4,000 (\$6,550 individual within a family)	Not Covered	\$2,500	\$6,250	\$1,750 \$2,000 per individual in a family	\$7,000 \$8,000 per individual in a family
Annual Deductible/Family	\$8,000	Not Covered	\$5,000	\$12,500	\$3,500	\$14,000
Coinsurance	30%	Not covered	20%	40%	20%	40%
Office Visit/Exam	30% after deductible	Not covered	20% after deductible	40% after deductible	\$45	40% after deductible
Outpatient Specialist Visit	30% after deductible	Not Covered	20% after deductible	40% after deductible	\$90	40% after deductible
Annual Out-of-Pocket Limit/Individual	\$6,350 (\$6,550 individual within a family)	Not Covered	\$5,000	\$12,500	\$5,000	\$15,000
Annual Out-of-Pocket Limit/Family	\$12,700	Not Covered	\$10,000	\$25,000	\$10,000	\$30,000
Preventive Care	0%	Not covered	0%	40% after deductible	0%	40% after deductible
Inpatient Hospitalization	30% after deductible	Not covered	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Surgical Services Outpatient Facility Charge	30% after deductible	Not covered	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Emergency Room	30% after deductible	30% after deductible	20% after deductible	20% after deductible	\$200 copay waived if admitted	\$200 copay waived if admitted
Urgent Care Facility	30% after deductible	Not Covered	20% after deductible	20% after deductible	\$90	40% after deductible
Prescription Drug Deductible	Combined with medical deductible	Not Covered	Combined with medical deductible	none	\$0	\$0
Prescription Drugs - Generic	\$10 after deductible	Not covered	\$10 after deductible	Not covered	\$10	Not covered
Prescription Drugs - Brand (Formulary/ Preferred)	30% up to \$200 after deductible	Not covered	30% after deductible up to \$200	Not covered	30% up to \$200	Not covered
Prescription Drugs - Brand (Non- Formulary/Non-preferred)	50% up to \$400 after deductible	Not covered	50% after deductible up to \$400	Not covered	50% up to \$400	Not covered
Prescription Drugs - Specialty	N/A	N/A	N/A	N/A	N/A	N/A
Chiropractic Services	30% after deductible up to 30 days per year	Not Covered	20% after deductible up to 30 days per year	40% after deductible up to 30 days per year	\$45 up to 30 days per year	40% after deductible
Acupuncture	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered