

Major Medical Plans	Ultra 8000 HSA	Ultra 6000	Ultra 3000	Ultra 1000
Network	 Cigna	 Cigna	 Cigna	 Cigna
Type of Plan	Qualified HSA Health Plan	Traditional Co-Pay Plan	Traditional Co-Pay Plan	Traditional Co-Pay Plan
Plan Availability	All 50 States	All 50 States	All 50 States	All 50 States
Member:	\$857.00	\$938.00	\$1,074.00	\$1,448.00
Member + Spouse	\$1,563.00	\$1,712.00	\$1,963.00	\$2,654.00
Member + Child(ren)	\$1,388.00	\$1,521.00	\$1,744.00	\$2,356.00
Family	\$2,060.00	\$2,259.00	\$2,591.00	\$3,506.00
Benefits				
Individual Deductible	\$8,000	\$6,000	\$3,000	\$1,000
Family Deductible	\$16,000	\$12,000	\$6,000	\$2,000
Individual Max Out of Pocket	\$8,000	\$9,200	\$9,200	\$5,000
Family Max Out of Pocket	\$16,000	\$18,900	\$18,900	\$10,000
Coinsurance	None	70%	70%	80%
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum
Primary Care Copay	0% after deductible	\$30	\$30	\$20
Specialist Care Copay	0% after deductible	\$60	\$60	\$40
Urgent Care	0% after deductible	\$60	\$60	\$40
Laboratory				
Diagnostic Test	0% after deductible	\$30 copay/visit	\$30 copay/visit	Deductible then 20%
Radiology Services				
Facility (CT, PET, MRI's) up to plan allowance	Facility: 0% after deductible Professional Fees: 0% after deductible	Facility: 30% of plan allowable, deductible does not apply. Professional Fees: 30% after deductible	Facility: 30% of plan allowable, deductible does not apply. Professional Fees: 30% after deductible	Deductible then 20%
Facility & Professional Services				
Emergency Room - Professional Fee	0% after deductible	30% after deductible. Out of network is subject to plan allowable fee.	30% after deductible. Out of network is subject to plan allowable fee.	Deductible then 20%
Emergency Room - Facility	0% after deductible	30% of plan allowable, deductible does not apply.	30% of plan allowable, deductible does not apply.	Deductible then 20%
Inpatient Hospital - Physician Fees	0% after deductible	Deductible then 30%	Deductible then 30%	Deductible then 20%
Inpatient - Facility	0% after deductible	Deductible then 30%	Deductible then 30%	Deductible then 20%
Outpatient - Physician	0% after deductible	30% after deductible, subject to plan allowable	30% after deductible, subject to plan allowable	Deductible then 20%
Outpatient Hospital - Facility	0% after deductible	30% of plan allowable, deductible does not apply.	30% of plan allowable, deductible does not apply.	Deductible then 20%
Out of Network				
Deductible	\$16,000/\$32,000	\$12,000/\$24,000	\$6,000/\$12,000	\$2,000/\$4,000
MOOP	\$18,900/ \$37,900	\$18,900/ \$37,900	\$18,950/ \$37,900	\$10,000/ \$20,000
Coinsurance	40%	40%	40%	60%
Reimbursement	Plans Allowable Fee	Plans Allowable Fee	Plans Allowable Fee	Plans Allowable Fee
Prescription Drug Benefit				
Generic	0% after deductible	\$15	\$15	\$15
Preferred Brand	0% after deductible	\$65	\$65	\$45
Non-Preferred Brand	0% after deductible	\$100	\$100	\$85

- 12-month rate guarantee from effective date. Renewal June 1, 2027
- All benefits are on a calendar year basis. (Deductible and MOOP reset on January 1st.)
- All plans will have a One-time Processing fee of \$125
- Does not include \$10 association fee.
- 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.