

Plan Year: November 1, 2026 - October 31, 2027 | In-Network Benefits - Allied, using the Cigna Network

	PLAN 1 - HSA 4500	PLAN 2 - PPO 1500
DEDUCTIBLE		
Individual / Family	\$4,500 / \$9,000	\$1,500 / \$3,000
MAXIMUM OUT-OF-POCKET		
Individual / Family	\$4,500 / \$9,000	\$3,500 / \$7,000
PREVENTIVE CARE		
Annual Well Check, Immunizations & Other Related Services	\$0	\$0
FACILITY VISITS		
Telemedicine - Recuro Health	\$0	\$0
Primary Care	\$0 after deductible	\$10 copay
Specialist	\$0 after deductible	\$50 copay
Therapy - PT / OT / ST	\$0 after deductible	\$20 copay
Urgent Care	\$0 after deductible	\$75 copay
Emergency Room	\$0 after deductible	\$500 copay
Inpatient Hospital	\$0 after deductible	\$0 after deductible
Outpatient Surgery	\$0 after deductible	\$0 after deductible
OUTPATIENT DIAGNOSTIC SERVICES		
Outpatient Lab / Pathology	\$0 after deductible	\$20 copay
Routine Radiology (X-Ray)	\$0 after deductible	\$40 copay
Complex Radiology (MRI / CT / PET)	\$0 after deductible	\$0 after deductible
PRESCRIPTIONS - SMITHRX		
Tier 1 - Generic	\$0 after deductible	\$10 copay
Tier 2 - Preferred Brand	\$0 after deductible	\$50 copay
Tier 3 - Non-Preferred Brand	\$0 after deductible	\$80 copay
Mail Order	\$0 after deductible	2x retail
Tier 4 - Specialty	\$0 after deductible	You pay 25% up to \$250
OUT-OF-NETWORK		
	Refer to Summary of Benefits and Coverage	Refer to Summary of Benefits and Coverage