

2017 Benefit Summary For Employees Of:

Your Logo Here

CIGNA HealthCare HMO

	In Network
Deductible	\$1,500 Individual \$4,500 Family
Office Visit Copay	\$30 / \$60
Inpatient Hospitalization	\$300 per adm. copay, then 80% after deductible
Out-Patient Surgery	\$150 per visit copay, then 80% after deductible
Out-of-Pocket Maximum (includes ded and medical copays)	\$4,000 Individual \$12,000 Family
X-Ray and Lab	100%
Emergency Room	\$400
Urgent Care	\$100
Mental Health Inpatient Out-Patient	\$300 per adm. copay, then 80% after deductible \$60
Prescriptions	\$20 for Generic \$40 for Preferred Brand \$60 for Non-Preferred \$80 self-injectables
Preventive Care	Covered at 100%
Chiropractic (20 visits)	\$50
Lifetime Maximum	Unlimited
Pre-existing	None

Your Costs Per Pay Period

Employee Only	\$0.00
Employee & Spouse	\$127.89
Employee & Children	\$102.32
Employee & Family	\$268.58

If you wish to be enrolled in the above plan effective 1-1-2017
SIGN BELOW. You will be locked into this selection for the year.

X

CIGNA HealthCare Open Access

	In Network	Out of Network
Deductible	\$3,000 Individual \$9,000 Family	\$9,000 Individual \$18,000 Family
Office Visit Copay	\$30 / \$60	50% after deductible
Inpatient Hospitalization	100% after deductible	50% after deductible
Out-Patient Surgery	100% after deductible	50% after deductible
Out-of-Pocket Maximum (includes ded and medical copays)	\$3,000 Individual \$9,000 Family	\$19,000 Individual \$28,600 Family
X-Ray and Lab	100%	50% after deductible
Emergency Room		\$300 copay
Urgent Care	\$100	50% after deductible
Mental Health Inpatient Out-Patient	100% after deductible \$60	50% after deductible 50% after deductible
Prescriptions	\$15 for Generics \$65 for Non-Preferred	\$35 for Preferred Brand 20% self injectables
Preventive Care	Covered at 100%	Not Covered
Chiropractic (20 visits)	\$60	50% after deductible
Lifetime Maximum		Unlimited
Pre-existing		None

Your Costs Per Pay Period

Employee Only	\$0.00
Employee Plus Spouse	\$148.99
Employee Plus Child (ren)	\$119.19
Employee and Family	\$312.89

If you wish to be enrolled in the above plan effective 1-1-2017
SIGN BELOW. You will be locked into this selection for the year.

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CIGNA Dental

	In Network	Out of Network
Calendar Year Deductible	\$50/\$150	
Deductible Waived for Preventive	Yes	
Coinsurance		
Preventive:	100%	100%
Basic:	90%	80%
Major:	60%	50%
Calendar Year Maximum	\$1500	
Orthodontics: (child only)	50%	50%
Lifetime Maximum Orthodontics	\$1000	

Your Costs Per Pay Period

Employee Only	\$0.00
Employee and Family	\$16.59

Life Insurance

\$15,000

Life & Accidental Death Coverage

**Your Company Name
provides this benefit at
no cost to you.**

Additional Life Coverage

You also have the option of purchasing voluntary life coverage for yourself and each member of your family. Rates are based on your age and the amount of coverage you apply for.

ASK HR FOR DETAILS.

SightCare Vision Plan

	Nationwide Network	Preferred Network	Out of Network Allowance
Exam (every 12 months)	\$0	\$10	\$35
Frames (every 12 months)	\$10 copay up to \$120	\$10 copay up to \$120	\$45
Lenses (every 12 months)			
Single:	100%	100%	\$25
Bifocal:	100%	100%	\$40
Trifocal:	100%	100%	\$50
Lenticular	100%	100%	\$75
Elective Contacts (in lieu of frames & lenses)	\$10 copay up to \$120	\$10 copay up to \$120	\$100
LASIK Benefit	\$200 allowance	Not covered	Not covered

Your Costs Per Pay Period

Employee Only	\$1.41
Employee & Spouse	\$2.53
Employee & Children	\$2.81
Employee & Family	\$3.65