Benefits Plan Comparison

Benefits Summary	Ultra 6000	Ultra 1000	Ultra 8000 HSA
PPO National Network	Cigna	Cigna	Cigna
Type of Plan	Traditional Co-Pay Plan	Traditional Co-Pay Plan	Qualified HSA Health Plan
Plan Availability	All 50 States	All 50 States	All 50 States
Benefits			
Individual Deductible	$6,000 In / $12,000 Out	$1,000	$8,000
Family Deductible	$12,000 In / $24,000 Out	$2,000	$16,000
Individual Max Out of Pocket	$9,450 In / $18,900 Out	$5,000	$8,000
Family Max Out of Pocket	$18,900 In / $37,900 Out	$10,000	$16,000
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Lifetime Maximum	No Maximum	No Maximum	No Maximum
Primary Care Copay	$30	$20	0% after deductible
Specialist Care Copay	$60	$40	0% after deductible
Non-Network Providers & Facilities	Plan pays 40% after non-network deductible	Plan pays 60% after non-network deductible	Plan pays 40% after non-network deductible
Laboratory			
Professional Fees	$30 copay/visit	Deductible then 20%	0% after deductible
Facility	$30 copay/visit	Deductible then 20%	0% after deductible
Radiology Services			
Professional Fees	30% after deductible	30% after deductible	0% after deductible
Facility (CT, PET, MRI's) up to plan allowance	30% of plan allowable, deductible does not apply.	Deductible then 20%	0% after deductible
Facility & Professional Services			
Emergency Room Professional Fee	30% after deductible. Out of network is subject to plan allowable fee.	Deductible then 20%	0% after deductible
Emergency Room Facility	30% of plan allowable, deductible does not apply.	Deductible then 20%	0% after deductible
Inpatient Hospital Physician Fees	Deductible then 30%	Deductible then 20%	0% after deductible
Inpatient Facility	Deductible then 30%	Deductible then 20%	0% after deductible
Outpatient - Physician	30% after deductible, subject to plan allowable	Deductible then 20%	0% after deductible
Outpatient Hospital - Facility	30% of plan allowable, deductible does not apply	Deductible then 20%	0% after deductible
Urgent Care	$60	$40	0% after deductible
Prescription Drug Benefit - TrueScripts **Non participating pharmacies are not covered**			
Generic	$15	$15	0% after deductible
Preferred Brand	$65	$45	0% after deductible
Non-Preferred Brand	$100	$85	0% after deductible
Employee:	**$844.50**	**$1,232.00**	**$723.00**
Employee + Spouse:	**$1,482.00**	**$2,247.00**	**$1,167.00**
Employee + Child(ren)	**$1,335.50**	**$2,008.00**	**$1,312.00**
Family	**$1,899.50**	**$2,932.00**	**$1,729.00**

This sheet is only a snapshot of benefits with monthly premiums and is for illustration purposes only.
Online rates and benefits supersede this sheet.

This is for general comparison purposes only and is not a legal document.
Please refer to the Summary of Benefit Coverage and Summary Plan Document for all legal descriptions.
All Benefits are subject to plan allowable and out of pocket maximums

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