Plan Year: November 1, 2025 – October 31, 2026	**Plan 1 HSA 4500**	**Plan 2 PPO 3500**
IN-NETWORK – Allied using the Cigna network		
DEDUCTIBLE		
Individual / Family	$4,500 / $9,000	$3,500 / $7,000
MAXIMUM OUT-OF-POCKET		
Individual / Family	$4,500 / $9,000	$5,150 / $10,300
PREVENTIVE CARE		
Preventive Care – Annual Well Check, Immunizations, and Other Related Services	$0	$0
FACILITY VISITS		
Primary Care	You pay $0 after deductible	$10 copay
Specialist	You pay $0 after deductible	$75 copay
Physical Therapy	You pay $0 after deductible	$20 copay
Urgent Care	You pay $0 after deductible	$75 copay
Emergency Room	You pay $0 after deductible	$500 copay
Inpatient Hospital	You pay $0 after deductible	You pay $0 after deductible
Outpatient Surgery	You pay $0 after deductible	You pay $0 after deductible
OUTPATIENT DIAGNOSTIC SERVICES		
Outpatient Lab/Pathology	You pay $0 after deductible	You pay $0 after deductible
X-Ray Services, CT/PET Scan, MRI	You pay $0 after deductible	You pay $0 after deductible
PRESCRIPTIONS - SmithRx		
Tier 1 – Generic	You pay $0 after deductible	$10 copay
Tier 2 – Preferred Brand	You pay $0 after deductible	$50 copay
Tier 3 – Non-Preferred Brand	You pay $0 after deductible	$80 copay
Mail Order	You pay $0 after deductible	2x retail
Tier 4 – Specialty	You pay $0 after deductible	You pay 20% up to $250
OUT-OF-NETWORK - Refer to Summary of Benefits and Coverage		
BI-WEEKLY COST FOR MEDICAL & PRESCRIPTION COVERAGE		
Employee Only	$0.00	$75.00
Employee + Spouse	$0.00	$186.00
Employee + Child(ren)	$0.00	$166.00
Employee + Family	$0.00	$260.00