MARPAI AMERISTEAD HEALTH Cigna

PLAN	VALUE	BRONZE	HSA	SILVER	GOLD	PLATINUM	DIAMOND
Network	OPEN ACCESS	Cigna PPO	Cigna PPO	Cigna PPO	Cigna PPO	Cigna PPO	Cigna PPO
Deductible *(Ind/Fam)*	$5,000/$10,000	$8,000/$16,000	$6,000/$12,000	$5,000/$10,000	$3,000/$6,000	$250/500	$0/$0
Coinsurance	60/40	70/30	70/30	70/30	80/20	80/20	70/30
Max Out of Pocket *(Ind/Fam)*	$9,000/$18,000	$8,700/$17,400	$7,000/$14,000	$8,700/$17,400	$8,700/$17,400	$1,250/$2,500	$7,000/$14,000
Preventive Care	$0	$0	$0	$0	$0	$0	$0
Teledoctor	$0	$0	$0	$0	$0	$0	$0
Primary Care	$50	$50	30% After Deductible	$40	$35	$25	$25
Specialist	$50	$120		$80	$55	$45	$50
Urgent Care	$75	$100		$60	$55	$45	$50
Labs/X-Ray Diagnostic MRI/PET/CT/EKG Emergency Room Outpatient Surgical Hospital Admission Maternity	*40% After Deductible*	*30% After Deductible*		*30% After Deductible*	*20% After Deductible*	*20% After Deductible*	*30%*
RX *(Generic/Brand/NP Brand)*	$0/$35/$75	$0/$35/$75		$0/$35/$75	$0/$35/$75	$0/$35/$75	$0/$35/$75
RX Specialty	*100% Member Cost*	*Contact PBM*	*Contact PBM*	*Contact PBM*	*Contact PBM*	*Contact PBM*	*100% Member Cost*
PREMIUMS	**VALUE**	**BRONZE**	**HSA**	**SILVER**	**GOLD**	**PLATINUM**	**DIAMOND**
Employee Only	*$303*	*$544*	*$640*	*$674*	*$941*	*$1,003*	*$873*
Employee + Spouse	*$475*	*$856*	*$1,012*	*$1,067*	*$1,493*	*$1,632*	*$1,372*
Employee + Child/ren	*$492*	*$753*	*$889*	*$945*	*$1,309*	*$1,563*	*$1,243*
Employee + Family	*$601*	*$1,134*	*$1,340*	*$1,413*	*$1,981*	*$2,993*	*$1,687*