



HD Plan Summary

MEMORIAL HERMAN	CIGNA	OUT-OF-NETWORK
<ul style="list-style-type: none"> Lowest Premiums available Lowest Out-of-Pocket Maximums available Memorial Herman Network No PCP referrals No Drug Deductible Free Generic Drugs 	<ul style="list-style-type: none"> Lowest Premiums available Lowest Out-of-Pocket Maximums available Nationwide Network No PCP referrals No Drug Deductible Free Generic Drugs 	<ul style="list-style-type: none"> Lowest Premiums available No PCP referrals No Drug Deductible Free generic Drugs

Monthly Premiums	< 25k	25k-50k	> 50k	< 25k	25k-50k	> 50k	< 25k	25k-50k	> 50k
Employee Only	\$72	\$97	\$147	\$72	\$97	\$147	\$72	\$97	\$147
Employee and Spouse	\$620	\$645	\$695	\$620	\$645	\$695	\$620	\$645	\$695
Employee and Child	\$340	\$365	\$415	\$340	\$365	\$415	\$340	\$365	\$415
Employee and Family	\$852	\$877	\$927	\$852	\$877	\$927	\$852	\$877	\$927

Plan Features	MEMORIAL HERMAN	CIGNA	OUT-OF-NETWORK
Type of Coverage	In-Network Coverage	In-Network Coverage	Out-of-Network Coverage
Individual/Family Deductible	\$1,500/\$3,000	\$3,000/\$6,000	\$6,000/\$12,000
Coinsurance	You pay 20% after deductible	You pay 20% after deductible	You pay 40% after deductible
Individual/Family Maximum Out-of-Pocket	\$8,000/\$16,000	\$8,000/\$16,000	None
Network	Memorial Herman Network Only	CIGNA OAP Nationwide Network	
Primary Care Provider (PCP) Required	No	No	No

Doctor Visits	MEMORIAL HERMAN	CIGNA	OUT-OF-NETWORK
Primary Care	20% after deductible	20% after deductible	40% after deductible
Specialist	20% after deductible	20% after deductible	20% after deductible
Wellvia 24/7 Virtual Health	\$0	\$0	\$0

Immediate Care	MEMORIAL HERMAN	CIGNA	OUT-OF-NETWORK
Urgent Care	\$50 Copay	\$100 Copay	40% after deductible
Emergency Care	20% after deductible	\$250 Copay then 20% after deductible	40% after deductible
Wellvia 24/7 Virtual Health	\$0	\$0	\$0

Prescription Drugs	MEMORIAL HERMAN	CIGNA	OUT-OF-NETWORK
Drug Deductible	None	None	None
Generics (30 day Supply/90 day supply)	\$0 Retail and Mail Order	\$0 Retail and Mail Order	\$0 Retail and Mail Order
Preferred Brand	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order
Non-Preferred Brand	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order
Specialty	50% to a maximum of \$1500 a month	50% to a maximum of \$1500 a month	50% to a maximum of \$1500 a month

Wellness Benefits at No Extra Cost

- No Drug Deductible
- Free Generic Drugs
- Free Wellvia 24/7 Virtual Health

Things to Know

- No PCP Referrals
- In and Out-of-Network Benefits
- Nationwide Network available through Cigna
- Lower annual deductible when utilizing Memorial Herman Network



Basic Plan Summary

MEMORIAL HERMAN	CIGNA	OUT-OF-NETWORK
<ul style="list-style-type: none"> Low Premiums Lower Annual Deductibles than HD Plan Memorial Herman Network No PCP referrals No Drug Deductible Free Generic Drugs 	<ul style="list-style-type: none"> Low Premiums Lower Annual Deductibles than HD Plan Nationwide Network No PCP referrals No Drug Deductible Free Generic Drugs 	<ul style="list-style-type: none"> Low Premiums No Drug Deductible Free generic Drugs

Monthly Premiums	< 25k	25k-50k	> 50k	< 25k	25k-50k	> 50k	< 25k	25k-50k	> 50k
Employee Only	\$87	\$112	\$162	\$87	\$112	\$162	\$87	\$112	\$162
Employee and Spouse	\$670	\$695	\$745	\$670	\$695	\$745	\$670	\$695	\$745
Employee and Child	\$351	\$376	\$426	\$351	\$376	\$426	\$351	\$376	\$426
Employee and Family	\$891	\$916	\$966	\$891	\$916	\$966	\$891	\$916	\$966

Plan Features	MEMORIAL HERMAN	CIGNA	OUT-OF-NETWORK
Type of Coverage	In-Network Coverage	In-Network Coverage	Out-of-Network Coverage
Individual/Family Deductible	\$1,250/\$2,500	\$2,500/\$5,000	\$5,000/\$8,000
Coinsurance	You pay 20% after deductible	You pay 20% after deductible	You pay 40% after deductible
Individual/Family Maximum Out-of-Pocket	\$8,500/\$17,000	\$8,500/\$17,000	None
Network	Memorial Herman Network Only	CIGNA OAP Nationwide Network	
Primary Care Provider (PCP) Required	No	No	No

Doctor Visits	MEMORIAL HERMAN	CIGNA	OUT-OF-NETWORK
Primary Care	\$35 Copay	\$35 Copay	40% after deductible
Specialist	\$70 Copay	\$70 Copay	20% after deductible
Wellvia 24/7 Virtual Health	\$0	\$0	\$0

Immediate Care	MEMORIAL HERMAN	CIGNA	OUT-OF-NETWORK
Urgent Care	\$50 Copay	\$100 Copay	40% after deductible
Emergency Care	20% after deductible	\$250 Copay then 20% after deductible	40% after deductible
Wellvia 24/7 Virtual Health	\$0	\$0	\$0

Prescription Drugs	MEMORIAL HERMAN	CIGNA	OUT-OF-NETWORK
Drug Deductible	None	None	None
Generics (30 day Supply/90 day supply)	\$0 Retail and Mail Order	\$0 Retail and Mail Order	\$0 Retail and Mail Order
Preferred Brand	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order
Non-Preferred Brand	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order
Specialty	50% to a maximum of \$1500 a month	50% to a maximum of \$1500 a month	50% to a maximum of \$1500 a month

Wellness Benefits at No Extra Cost

- No Drug Deductible
- Free Generic Drugs
- No PCP referrals
- Free Wellvia 24/7 Virtual Health

Things to Know

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- In and Out-of-Network Benefits
- Nationwide Network available through Cigna
- Lower annual deductible when utilizing Memorial Herman Network



Enhanced Plan Summary

MEMORIAL HERMAN	CIGNA	OUT-OF-NETWORK
<ul style="list-style-type: none"> • Lowest Annual Deductibles available • Lowest Out-of-Pocket Maximums available • Memorial Herman Network • No PCP referrals • No Drug Deductible • Free Generic Drugs 	<ul style="list-style-type: none"> • Lowest Annual Deductibles available • Lowest Out-of-Pocket Maximums available • Nationwide Network • No PCP referrals • No Drug Deductible • Free Generic Drugs 	<ul style="list-style-type: none"> • Lowest Out-of-Network Deductibles available • No Drug Deductible • Free generic Drugs

Monthly Premiums	< 25k	25k-50k	> 50k	< 25k	25k-50k	> 50k	< 25k	25k-50k	> 50k
Employee Only	\$240	\$265	\$315	\$240	\$265	\$315	\$240	\$265	\$315
Employee and Spouse	\$852	\$877	\$927	\$852	\$877	\$927	\$852	\$877	\$927
Employee and Child	\$521	\$546	\$596	\$521	\$546	\$596	\$521	\$546	\$596
Employee and Family	\$1,192	\$1,217	\$1,267	\$1,192	\$1,217	\$1,267	\$1,192	\$1,217	\$1,267

Plan Features	MEMORIAL HERMAN	CIGNA	OUT-OF-NETWORK
Type of Coverage	In-Network Coverage	In-Network Coverage	Out-of-Network Coverage
Individual/Family Deductible	\$600/\$1,200	\$1,200/\$2,400	\$3,000/\$6,000
Coinsurance	You pay 20% after deductible	You pay 20% after deductible	You pay 40% after deductible
Individual/Family Maximum Out-of-Pocket	\$8,000/\$16,000	\$8,000/\$16,000	None
Network	Memorial Herman Network Only	CIGNA OAP Nationwide Network	
Primary Care Provider (PCP) Required	No	No	No

Doctor Visits	MEMORIAL HERMAN	CIGNA	OUT-OF-NETWORK
Primary Care	\$35 Copay	\$35 Copay	40% after deductible
Specialist	\$70 Copay	\$70 Copay	40% after deductible
Wellvia 24/7 Virtual Health	\$0	\$0	\$0

Immediate Care	MEMORIAL HERMAN	CIGNA	OUT-OF-NETWORK
Urgent Care	\$50 Copay	\$100 Copay	40% after deductible
Emergency Care	20% after deductible	\$250 Copay then 20% after deductible	40% after deductible
Wellvia 24/7 Virtual Health	\$0	\$0	\$0

Prescription Drugs	MEMORIAL HERMAN	CIGNA	OUT-OF-NETWORK
Drug Deductible	None	None	None
Generics (30 day Supply/90 day supply)	\$0 Retail and Mail Order	\$0 Retail and Mail Order	\$0 Retail and Mail Order
Preferred Brand	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order
Non-Preferred Brand	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order
Specialty	50% to a maximum of \$1500 a month	50% to a maximum of \$1500 a month	50% to a maximum of \$1500 a month

Wellness Benefits at No Extra Cost

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