



Plan Summary

Wellness Benefits at No Extra Cost

- Free Generic Drugs on Primary Plan
- Free Next Level Urgent Care / Clinic on Primary Plan
- Free Preventative Care

Things to Know

- No PCP referrals
- Nationwide Network available through Cigna OAP.
- Lower Annual Deductible when utilizing Memorial Hermann Network

Monthly Premiums

Employee Only	\$35
Employee and Spouse	\$650
Employee and Child	\$305
Employee and Family	\$790

Plan Features

Type of Coverage	In-Network Coverage	
Individual/Family Deductible	\$1,500/\$3,000	\$2,800/\$5,600
Coinsurance	25% after deductible	
Individual/Family Maximum Out-of-Pocket	\$6,500/\$13,000	
Network	Memorial Hermann Network	Cigna OAP Nationwide Network
Primary Care Provider (PCP) Required	No	

Doctor Visits

Next Level Urgent Care / Clinic	\$25 Copay/100% after deductible
Primary Care	25% after deductible
Specialist	25% after deductible

Immediate Care

Next Level Urgent Care / Clinic	\$25 Copay
Urgent Care	25% after deductible
Emergency Room (True Emergency)	25% after deductible
Emergency Room (Non- Emergency)	50% after deductible

Prescription Drugs

Drug Deductible	Integrated with Medical
Generics (30 day Supply/90 day supply)	\$0 Retail and Mail Order, after deductible
Preferred Brand	30% Retail / \$125 Mail Order, after deductible
Non-Preferred Brand	30% Retail / \$125 Mail Order, after deductible
Specialty	50% to a maximum of \$2000 a month, after deductible

Basic HD

- Low Premiums
- Lowest Out-of-Pocket Maximums Available
- Memorial Hermann and Cigna Open Access Plus Network
- No PCP referrals
- Free Generic Drugs (after deductible)

Primary

- Low Premiums
- Lowest Annual Deductibles
- Memorial Hermann and Cigna Open Access Plus Network
- No PCP referrals
- Free Generic Drugs

Employee Only	\$35
Employee and Spouse	\$650
Employee and Child	\$305
Employee and Family	\$790

Employee Only	\$50
Employee and Spouse	\$680
Employee and Child	\$305
Employee and Family	\$875

Memorial Hermann	CIGNA OAP
In-Network Coverage	
\$1,500/\$3,000	\$2,800/\$5,600
25% after deductible	
\$6,500/\$13,000	
Memorial Hermann Network	Cigna OAP Nationwide Network
No	

Memorial Hermann	CIGNA OAP
In-Network Coverage	
\$1,250/\$2,500	\$2,500/\$5,000
25% after deductible	
\$8,000/\$16,000	
Memorial Hermann Network	Cigna OAP Nationwide Network
No	

Next Level Urgent Care / Clinic	\$25 Copay/100% after deductible
Primary Care	25% after deductible
Specialist	25% after deductible

Memorial Hermann	Cigna
\$0	
\$20 Copay	\$50 Copay
\$50 Copay	\$100 Copay

Memorial Hermann	Cigna
\$25 Copay	
25% after deductible	\$80 Copay then 25% after deductible
25% after deductible	
50% after deductible	

Memorial Hermann	Cigna
\$0	
\$50 Copay	\$100 Copay
25% after deductible	
50% after deductible	

Drug Deductible	Integrated with Medical
Generics (30 day Supply/90 day supply)	\$0 Retail and Mail Order, after deductible
Preferred Brand	30% Retail / \$125 Mail Order, after deductible
Non-Preferred Brand	30% Retail / \$125 Mail Order, after deductible
Specialty	50% to a maximum of \$2000 a month, after deductible

Drug Deductible	\$100 Brand / Specialty ONLY
Generics (30 day Supply/90 day supply)	\$0 Retail and Mail Order
Preferred Brand	30% Retail / \$125 Mail Order
Non-Preferred Brand	30% Retail / \$125 Mail Order
Specialty	50% to a maximum of \$2000 a month