Plan Highlights

Cigna LocalPlus Buy-Up

	In-network Only
Annual Calendar Year Deductible	(LocalPlus Network)
Individual	None
Family	None
Maximum Calendar Year Out-of-pocket (1)	
Individual	\$5,000
Family	\$10,000
Professional Services	
Primary Care Physician (PCP)	\$30 Copay
Specialist	\$50 Copay
MDLIVE Virtual Care Services	No Charge
Diagnostic X-ray and Lab (freestanding facility)	No Charge
Complex Diagnostics (MRI/CT Scan)	30% Coinsurance
Acupuncture Services (20 Visits per calendar year)	\$50 Copay
Chiropractic Services (20 Visits per calendar year)	\$50 Copay
Hospital Services	
Inpatient	30% Coinsurance
Outpatient Surgery	30% Coinsurance
Urgent Care	\$30 Copay
Emergency Room	\$200 Copay
Retail Prescription Drugs (30-day supply)	
Tier 1 Generic	\$20 Copay
Tier 2 Preferred Brand	\$40 Copay
Tier 3 Non-Preferred Brand	\$60 Copay
Tier 4 Specialty	30% up to \$250 max per fill
Mail Order Prescription Drugs (90-day supply)	
Tier 1 Generic	\$40 Copay
Tier 2 Preferred Brand	\$100 Copay
Tier 3 Non-Preferred Brand	\$150 Copay
Tier 4 Specialty (30-day supply)	30% up to \$250 max per fill

⁽¹⁾ Out-of-pocket maximum is based on the maximum allowable charge the carrier allows. This does not include any balance billing that may occur when using an out-of-network provider.

⁽AD) After Deductible

Plan Highlights

Cigna Open Access Plus PPO

	In-network (Open Access Plus)	Out-of-network
Annual Calendar Year Deductible		
Individual	\$3,500	\$10,500
Family	\$7,000	\$21,000
Maximum Calendar Year Out-of-pocket (1)		
Individual	\$6,350	\$19,050
Family	\$12,700	\$38,100
Professional Services		
Primary Care Physician (PCP)	\$30 Copay	50% Coinsurance AD
Specialist	\$50 Copay	50% Coinsurance AD
MDLIVE Virtual Care Services	No Charge	Not Covered
Diagnostic X-ray and Lab	30% Coinsurance AD	50% Coinsurance AD
Complex Diagnostics (MRI/CT Scan)	30% Coinsurance AD	50% Coinsurance AD
Acupuncture Services (20 Visits per calendar year)	\$50 Copay	50% Coinsurance AD
Chiropractic Services (30 Visits per calendar year)	\$50 Copay	50% Coinsurance AD
Hospital Services		
Inpatient	30% Coinsurance AD	50% Coinsurance AD
Outpatient Surgery	30% Coinsurance AD	50% Coinsurance AD
Urgent Care	\$30 Copay	50% Coinsurance AD
Emergency Room	\$150 Copay + 30% Coinsurance	
Retail Prescription Drugs (30-day supply)		
Tier 1 Generic	\$20 Copay	
Tier 2 Preferred Brand	\$40 Copay	F00/ C-'
Tier 3 Non-Preferred Brand	\$60 Copay	50% Coinsurance
Tier 4 Specialty	30% up to \$250 max per fill	
Mail Order Prescription Drugs (90-day supply)		
Tier 1 Generic	\$40 Copay	
Tier 2 Preferred Brand	\$100 Copay	Not Covered
Tier 3 Non-Preferred Brand	\$150 Copay	
Tier 4 Specialty (30-day supply)	30% up to \$250 max per fill	

⁽¹⁾ Out-of-pocket maximum is based on the maximum allowable charge the carrier allows. This does not include any balance billing that may occur when using an out-of-network provider.

⁽AD) After Deductible

Plan Highlights

Cigna Open Access Plus HDHP HSA

	In-network (Open Access Plus)	Out-of-network
Annual Calendar Year Deductible	, ,	
Individual	\$4,500	\$13,500
Family	\$9,000	\$27,000
Maximum Calendar Year Out-of-pocket (1)		
Individual	\$7,000	\$21,000
Family	\$14,000	\$42,000
Professional Services		
Primary Care Physician (PCP)	20% Coinsurance AD	50% Coinsurance AD
Specialist	20% Coinsurance AD	50% Coinsurance AD
MDLIVE Virtual Care Services	No Charge ^{AD}	Not Covered
Diagnostic X-ray and Lab	20% Coinsurance AD	50% Coinsurance AD
Complex Diagnostics (MRI/CT Scan)	20% Coinsurance AD	50% Coinsurance AD
Acupuncture Services (20 Visits per calendar year)	20% Coinsurance AD	50% Coinsurance AD
Chiropractic Services (30 Visits per calendar year)	20% Coinsurance AD	50% Coinsurance AD
Hospital Services		
Inpatient	20% Coinsurance AD	50% Coinsurance AD
Outpatient Surgery	20% Coinsurance AD	50% Coinsurance AD
Urgent Care	20% Coinsurance AD	50% Coinsurance AD
Emergency Room	20% Coinsurance ^{AD}	
Retail Prescription Drugs (30-day supply)	Deductible Combined with Medical	
Tier 1 Generic	\$15 Copay ^{AD}	
Tier 2 Preferred Brand	\$40 Copay ^{AD}	50% Coinsurance AD
Tier 3 Non-Preferred Brand	\$60 Copay ^{AD}	
Tier 4 Specialty	30% up to \$250 max per fill AD	
Mail Order Prescription Drugs (90-day supply)		
Tier 1 Generic	\$30 Copay ^{AD}	
Tier 2 Preferred Brand	\$100 Copay ^{AD}	Not Covered
Tier 3 Non-Preferred Brand	\$150 Copay ^{AD}	
Tier 4 Specialty (30-day supply)	30% up to \$250 max per fill AD	

⁽¹⁾ Out-of-pocket maximum is based on the maximum allowable charge the carrier allows. This does not include any balance billing that may occur when using an out-of-network provider.

⁽AD) After Deductible

Dental Plan PPO



Taking care of your smile

With the Dental PPO plan, you can pick any licensed dentist. Just keep in mind that your dental plan has settled on lower rates with a smaller group of providers—those in their network. If you choose a dentist outside that network for yourself or your dependents, you might have to pay more.

To find out if your dentist is in your provider network, you can search on https://hcpdirectory.cigna.com/ or calling Cigna at 866.494.2111.

"How much will specific services cost?"

Plan Highlights

Cigna DPPO

	In-network	Out-of-network
Calendar Year Deductible		
Individual		\$50
Family	\$	150
Annual Maximum (per covered member)	\$2	2,000
Preventive	100% Coinsurance	
Basic Services (including endodontics and periodontics)	80% Coi	nsurance ^{AD}
Major Services	50% Coi	nsurance ^{AD}
Orthodontia Services		
Children up to age 19	50% Cc	pinsurance
Orthodontia Lifetime Maximum	\$1	1,500



 $^{^{\}rm AD}\, After$ Deductible

Vision Plans



Bringing your benefits into focus

Cigna offers vision coverage as a Preferred Provider Organization (PPO) plan. With the vision plan, you can pick where to receive services. Just keep in mind that your vision plan has settled on lower rates with a smaller group of vision providers—those in their network. If you choose a vision provider outside that network for yourself or your dependents, you will have to pay for all the expenses yourself at the time of service. Then, you'll submit a claim, and Cigna will reimburse you up to a certain "allowed" amount.

To find out if a vision provider is in your network, you can search on: https://eyedoclocator.eyemedvisioncare.com/cigna/en or calling Cigna at 888.353.2653.

Plan Highlights

Cigna Vision PPO

	In-network EyeMed Vision Network	Out-of-network
Exam – Once Every 12 months	\$10 Copay	Up to \$45 Reimbursement
Lenses – Once Every 12 months		
Single	\$10 Copay	Up to \$32 Reimbursement
Bifocal	\$10 Copay	Up to \$55 Reimbursement
Trifocal	\$10 Copay	Up to \$65 Reimbursement
Frames – Once Every 12 months		
One Pair of Glasses	\$130 Allowance + 20% off Remaining Balance	Up to \$71 Reimbursement
Contacts – Once Every 12 months, in lieu of lenses & frames		
Medically Necessary	No Charge	Up to \$210 Reimbursement
Elective	\$130 Allowance	Up to \$105 Reimbursement



Costs Breakdown

Let's sum it all up!

The rates below are effective January 1, 2025 to December 31, 2025.

Coverage Level

Payroll Deduction

	Employee Bi-weekly
Cigna LocalPlus Buy-Up	
Employee Only	\$187.46
Employee and Spouse	\$412.41
Employee and Child(ren)	\$337.42
Employee and Family	\$581.12
Cigna Open Access Plus	
Employee Only	\$185.05
Employee and Spouse	\$407.12
Employee and Child(ren)	\$333.10
Employee and Family	\$573.67
Cigna Open Access Plus HDHP HSA	
Employee Only	\$143.19
Employee and Spouse	\$315.02
Employee and Child(ren)	\$257.75
Employee and Family	\$443.89
Cigna Dental PPO	
Employee Only	\$10.30
Employee and Spouse	\$21.00
Employee and Child(ren)	\$25.42
Employee and Family	\$37.73
Cigna Vision PPO	
Employee Only	\$1.51
Employee and Spouse	\$3.02
Employee and Child(ren)	\$3.36
Employee and Family	\$5.30

EPO

The Cigna LocalPlus plan has national reach. Please see the map below showing all covered areas. Be sure to follow the steps below to check if your provider is in the LocalPlus network!

To find a provider in your EPO plan's network:

Cigna Local Plus EPO

- Go to https://hcpdirectory.cigna.com/
- Enter in your location in the search box. Then select the type of search you'd like to perform and follow the prompts to search for a provider
- Click on "Continue as guest" in the pop-up window
- Confirm your location under "I Live in" and click "Continue"
- Choose "LocalPlus" from the list of medical plans to see providers in the LocalPlus network



Arizona	Columbus, Macon,	Missouri	Tennessee
Phoenix	NW & NE GA,	Kansas City	Statewide
Tucson	Savannah	St. Louis	Texas
California	Illinois	Nevada	Austin, Dallas/
Northern	Chicago/	Las Vegas, Reno	Fort Worth,
Southern	NW Indiana	New Jersey	Houston,
Colorado	Kansas	Northern	San Antonio
Front Range,	Wichita	Southern	Utah
Mountain & West	Maryland	New York	NE Utah
Florida	Statewide	NYC Metro &	Salt Lake City
Orlando, South	Massachusetts	Long Island	Washington
FL & Tampa	Statewide	Oregon	Statewide
Georgia	(excl. Dukes	Statewide (excl.	
Athens, Atlanta,	and Nantucket	Malheur County)	
Augusta,	Counties)	Rhode Island	
-	•	Statewide	

To find a provider in your PPO plan's network:

Cigna OAP

- Go to https://hcpdirectory.cigna.com/
- Enter in your location in the search box. Then select the type of search you'd like to perform and follow the prompts to search for a provider
- Click on "Continue as a guest" in the pop-up window
- Confirm your location under "I Live in" and click "Continue"
- Choose "Cigna Open Access Plus, Open Access Plus Tiered" from the list of medical plans to see providers in network

To find a provider in your HSA HDHP network:

Cigna OAP HDHP HSA

- Go to https://hcpdirectory.cigna.com/
- Enter in your location in the search box. Then select the type of search you'd like to perform and follow the prompts to search for a provider
- Click on "Continue as guest" in the pop-up window
- Confirm your location under "I Live in" and click "Continue"
- Choose "Cigna Open Access Plus, Open Access Plus Tiered" from the list of medical plans to see providers in network