Ultimate 5K PPO

For your family. For life ahead.



$40
PRIMARY CARE

$80
SPECIALIST VISITS

$0
GENERIC DRUGS

Cigna PPO network

In-network copays shown. Deductible does not apply. Preventive care at no charge in-network. No specialist referral required.

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Your benefits at a glance

In-network member costs. Benefits and cost sharing accumulate on a calendar-year basis.

ANNUAL DEDUCTIBLE

$5,000 individual

$10,000 family

OUT-OF-POCKET MAXIMUM

$8,700 individual

$17,400 family

Both limits are embedded: each family member has an individual limit within the overall family limit.

Covered service	What you pay in-network
Primary care visit for illness or injury	$40 copay; deductible does not apply
Specialist visit	$80 copay; deductible does not apply
Preventive care, screenings & immunizations	No charge
Diagnostic tests: X-rays & blood work	30% after deductible*
Advanced imaging: CT, PET & MRI	30% after deductible
Urgent care	$60 copay; deductible does not apply
Emergency room care	30% after deductible
Emergency medical transportation	No charge
Outpatient surgery: facility & surgeon	30% after deductible
Hospital stay: facility & physician	30% after deductible
Mental health / substance use: office visits	$40 copay; deductible does not apply
Mental health / substance use: other outpatient and inpatient services	30% after deductible

*Labs performed during a network office visit are included in the office visit copay. Preventive coverage applies to eligible preventive services; other services may have cost sharing.

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Prescriptions & more

Prescription benefits are administered through Phoenix PBM. Deductible does not apply to listed drug copays.

Prescription tier	In-network copay
Generic	$0 retail / mail order
Preferred brand	$35 retail / $105 mail order
Non-preferred brand	$75 retail / $225 mail order
Specialty	$200 per prescription

Prior authorization may apply. Benefits may vary for supplies exceeding 30 days. Specialty drugs at a gross cost of $2,500 per month require coordination with the PBM Patient Advocacy Program; verify eligibility and fill limits with the PBM. See phoenixpbm.com.

Additional covered care

Covered service	In-network member cost
Prenatal office visits / child eye exam	No charge; eye exam once per calendar year
Childbirth & delivery: professional / facility	30% after deductible
Home health, rehabilitation / habilitation, skilled nursing, durable medical equipment & hospice	30% after deductible; limits apply

Service limits: The SBC lists rehabilitation limits of 60 visits per calendar year and a combined 35-visit limit for physical, speech, occupational and cardiac rehabilitation; confirm how these apply. Skilled nursing: 25 days per calendar year. Hospice: 15 visits/days per lifetime. Chiropractic: 25 visits per plan year.

Make the most of your benefits

Check your providers and prescriptions when reviewing your coverage. Your agent can help you review network participation, drug tiers and authorization requirements.

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Know your coverage

A few important details to help you use your coverage with confidence.

Using the PPO network

You generally pay less when you use an in-network provider. Confirm network participation before receiving care, including any laboratories or other providers involved in your treatment.

Out-of-network coverage	Member cost / limit
Annual deductible	$10,000 individual / $20,000 family
Annual out-of-pocket maximum	$17,400 individual / $34,800 family
Many covered medical services	50% coinsurance after deductible
Emergency room / urgent care	Same cost sharing as in-network
Emergency transportation / prenatal office visits	No charge
Preventive care, prescriptions & child eye exam	Not covered

Out-of-network providers may balance bill you for charges above the plan's allowed amount. Premiums, balance-billing charges, precertification penalties and noncovered services do not count toward the out-of-pocket maximum.

Authorization requirements

Precertification applies to imaging, surgical procedures, hospital stays, inpatient behavioral health, home health, skilled nursing, durable medical equipment / orthotics / prosthetics, and inpatient hospice. The SBC lists a $500 penalty if required certification is not obtained. Maternity stays exceeding 48 hours for vaginal delivery or 96 hours for cesarean delivery require post-certification.

Exclusions & plan documents

Examples of excluded services include adult dental and routine vision, children's glasses and dental checkups, hearing aids, infertility treatment, long-term care, cosmetic and bariatric surgery, acupuncture, private duty nursing, routine foot care, weight-loss programs and non-emergency care outside the U.S.

Summary only. Source: Bronze 4.3 PPO Plan, 2026 Summary of Benefits and Coverage supplied for this brochure. Ultimate 5K PPO is the brochure name. Full plan documents govern coverage, eligibility, exclusions and limitations.

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Coverage made clear

Understand your costs and compare monthly household coverage rates.

01 Copays

A set amount for a covered service. In-network primary care is $40 and specialist visits are $80, without first meeting the deductible.

02 Deductible

For services subject to it, you pay eligible costs before coinsurance begins: $5,000 individual / $10,000 family in-network.

03 Coinsurance

For services listed at 30% after deductible, you pay 30% of the covered allowed amount after meeting the deductible; the plan pays 70%.

04 Out-of-pocket limit

In-network limits are $8,700 individual / $17,400 family per year. Premiums, noncovered care and certain other costs are excluded.

Monthly coverage rates

Member Only
$769.00 / month

Member + Spouse
$1,464.00 / month

Member + Children
$1,429.00 / month

Family
$2,079.00 / month

Monthly rates include a hospital and accident gap plan.

Gap benefits are subject to the separate policy terms, limits and exclusions. Medical plan cost sharing shown in this brochure is before any eligible gap benefit.

Check your doctors

Use the Cigna provider directory and confirm the exact network with your agent. Verify each provider before receiving care.

hcpdirectory.cigna.com