



**Total Health Plan Solutions**

PLAN NAME	1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value
Network						
Provider Search*	<a href="http://www.cigna.com">www.cigna.com</a>	<a href="http://www.cigna.com">www.cigna.com</a>	<a href="http://www.cigna.com">www.cigna.com</a>	<a href="http://www.cigna.com">www.cigna.com</a>	<a href="http://www.cigna.com">www.cigna.com</a>	<a href="http://www.cigna.com">www.cigna.com</a>
Plan Availability	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States
<b>BENEFITS</b>						
Individual Deductible	\$1,500 In / \$3,000 Out	\$2,500 In / \$5,000 Out	\$3,500 In / \$7,000 Out	\$5,000 In / \$10,000 Out	\$5,000 In / \$10,000 Out	\$7,350 In / \$14,700 Out
Family Deductible	\$3,000 In / \$6,000 Out	\$5,000 In / \$10,000 Out	\$7,000 In / \$14,000 Out	\$10,000 In / \$20,000 Out	\$10,000 In / \$20,000 Out	\$14,700 In / \$29,400 Out
Individual MOOP	\$7,350 In / \$14,700 Out	\$7,350 In / \$14,700 Out	\$7,350 In / \$14,700 Out	\$7,350 In / \$14,700 Out	\$6,550 In / \$20,000 Out	\$7,350 In / \$14,700 Out
Family MOOP	\$14,700 In / \$29,400 Out	\$14,700 In / \$29,400 Out	\$14,700 In / \$29,400 Out	\$14,700 In / \$29,400 Out	\$13,100 In / \$40,000 Out	\$14,700 In / \$29,400 Out
Coinsurance (Plan/You)	80% / 20%	80% / 20%	80% / 20%	80% / 20%	80% / 20%	100% / 0%
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
<b>OFFICE VISITS</b>						
Preventative Care	100%	100%	100%	100%	100%	100%
Primary Care Copay	\$40 Copay	\$40 Copay	\$45 Copay	\$45 Copay	Deductible then Plan pays 80%	\$50 Copay
Specialist Care Copay	\$80 Copay	\$80 Copay	\$90 Copay	\$90 Copay	Deductible then Plan pays 80%	\$100 Copay
<b>DIAGNOSTICS</b>						
Laboratory Services	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
<b>RADIOLOGY SERVICES</b>						
CT/X-RAY MRI/Ultrasound	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
<b>FACILITY &amp; PROFESSIONAL FEES</b>						
Urgent Care	\$80 Copay	\$80 Copay	\$90 Copay	\$90 Copay	Deductible then Plan pays 80%	\$100 Copay
Emergency Room	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Inpatient Stay	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Outpatient Stay	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Facility Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Professional Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Physician Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
<b>PRESCRIPTION DRUG BENEFITS</b>						
Generic	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay	Deductible then \$15 Copay	Deductible then Plan pays 100%
Preferred Brand	\$45 Copay	\$45 Copay	\$65 Copay	\$65 Copay	Deductible then \$65 Copay	Deductible then Plan pays 100%
Non-Preferred Brand	\$85 Copay	\$85 Copay	\$100 Copay	\$100 Copay	Deductible then \$100 Copay	Deductible then Plan pays 100%
<b>SUMMARY OF BENEFITS and COVERAGE</b>						
SBC	<a href="#">SHP Cigna 1500 Classic</a>	<a href="#">SHP Cigna 2500 Classic</a>	<a href="#">SHP Cigna 3500 Classic</a>	<a href="#">SHP Cigna 5000 Classic</a>	<a href="#">SHP Cigna 5000 HSA</a>	<a href="#">SHP Cigna 7350 Classic</a>
<b>NOTES:</b>	*See SBC for LIMITATIONS, EXCEPTIONS and OTHER IMPORTANT INFORMATION *SBCs and online rates supersede this summary *12-month rate lock / All benefits on a calendar year basis *Deductible and MOOP reset every January 1st			*One-time Processing fee of \$125 *This is a snapshot of benefits *This is for illustration purposes only *Rates good through 05/31/2026		<a href="#">Provider Search How To</a>



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PLAN NAME	1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value
Network						
Provider Search*	<a href="http://www.multiplan.us">www.multiplan.us</a>	<a href="http://www.multiplan.us">www.multiplan.us</a>	<a href="http://www.multiplan.us">www.multiplan.us</a>	<a href="http://www.multiplan.us">www.multiplan.us</a>	<a href="http://www.multiplan.us">www.multiplan.us</a>	<a href="http://www.multiplan.us">www.multiplan.us</a>
Plan Availability		All 50 States				
<b>Sample Cost:</b>						
Member	\$1,006.00	\$928.00	\$817.00	\$751.00	\$686.00	\$606.00
Member & Spouse	\$1,985.00	\$1,829.00	\$1,606.00	\$1,474.00	\$1,345.00	\$1,184.00
Member & Child(ren)	\$1,789.00	\$1,649.00	\$1,448.00	\$1,329.00	\$1,213.00	\$1,069.00
Family	\$2,963.00	\$2,730.00	\$2,395.00	\$2,197.00	\$2,003.00	\$1,763.00
<b>BENEFITS</b>						
Individual Deductible	\$1,500	\$2,500	\$3,500	\$5,000	\$5,000	\$7,350
Family Deductible	\$3,000	\$5,000	\$7,000	\$10,000	\$10,000	\$14,700
Individual MOOP	\$7,350	\$7,350	\$7,350	\$7,350	\$6,550	\$7,350
Family MOOP	\$14,700	\$14,700	\$14,700	\$14,700	\$13,100	\$14,700
Coinsurance (Plan/You)	80% / 20%	80% / 20%	80% / 20%	80% / 20%	80% / 20%	100% / 0%
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
<b>OFFICE VISITS</b>						
Preventative Care	100%	100%	100%	100%	100%	100%
Primary Care Copay	\$40 Copay	\$40 Copay	\$45 Copay	\$45 Copay	Deductible then Plan pays 80%	\$50 Copay
Specialist Care Copay	\$80 Copay	\$80 Copay	\$90 Copay	\$90 Copay	Deductible then Plan pays 80%	\$100 Copay
<b>DIAGNOSTICS</b>						
Laboratory Services	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%
Diagnostic Services	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%
<b>RADIOLOGY SERVICES</b>						
CT/X-RAY/MRI/Ultrasound	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%
<b>FACILITY &amp; PROFESSIONAL FEES</b>						
Urgent Care	\$80 Copay	\$80 Copay	\$90 Copay	\$90 Copay	Deductible then Plan pays 80%	\$100 Copay
Emergency Room	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%
Inpatient Stay	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%
Outpatient Stay	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%
Facility Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%
Professional Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%
Physician Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%
<b>PRESCRIPTION DRUG BENEFITS</b>						
Generic	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay	Deductible then \$15 Copay	Subject to Deductible
Preferred Brand	\$45 Copay	\$45 Copay	\$65 Copay	\$65 Copay	Deductible then \$65 Copay	Subject to Deductible
Non-Preferred Brand	\$85 Copay	\$85 Copay	\$100 Copay	\$100 Copay	Deductible then \$100 Copay	Subject to Deductible
<b>SUMMARY OF BENEFITS and COVERAGE</b>						
SBC	<a href="#">SHP.PHCS.1500 Classic</a>	<a href="#">SHP.PHCS.2500 Classic</a>	<a href="#">SHP.PHCS.3500 Classic</a>	<a href="#">SHP.PHCS.5000 Classic</a>	<a href="#">SHP.PHCS.5000 HSA</a>	<a href="#">SHP.PHCS.7350 Classic</a>
<b>NOTES:</b>	*See SBC for LIMITATIONS, EXCEPTIONS and OTHER IMPORTANT INFORMATION			*One-time Processing fee of \$125		<a href="#">Provider Search How To</a>
	*SBCs and online rates supersede this summary			*This is a snapshot of benefits		
	*12-month rate lock / All benefits on a calendar year basis			*This is for illustration purposes only		
	*Deductible and MOOP reset every January 1st			*Rates good through 05/31/2026		



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Network						
Doctor Search	<a href="http://qualcareinc.com/FindDoctor">qualcareinc.com/FindDoctor</a>	<a href="http://qualcareinc.com/FindDoctor">qualcareinc.com/FindDoctor</a>	<a href="http://qualcareinc.com/FindDoctor">qualcareinc.com/FindDoctor</a>	<a href="http://qualcareinc.com/FindDoctor">qualcareinc.com/FindDoctor</a>	<a href="http://qualcareinc.com/FindDoctor">qualcareinc.com/FindDoctor</a>	<a href="http://qualcareinc.com/FindDoctor">qualcareinc.com/FindDoctor</a>
Hospital Search	<a href="http://qualcareinc.com/FindHospital">qualcareinc.com/FindHospital</a>	<a href="http://qualcareinc.com/FindHospital">qualcareinc.com/FindHospital</a>	<a href="http://qualcareinc.com/FindHospital">qualcareinc.com/FindHospital</a>	<a href="http://qualcareinc.com/FindHospital">qualcareinc.com/FindHospital</a>	<a href="http://qualcareinc.com/FindHospital">qualcareinc.com/FindHospital</a>	<a href="http://qualcareinc.com/FindHospital">qualcareinc.com/FindHospital</a>
Plan Availability	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States
<b>BENEFITS</b>						
Individual Deductible	\$1,500 In / \$3,000 Out	\$2,500 In / \$5,000 Out	\$3,500 In / \$7,000 Out	\$5,000 In / \$10,000 Out	\$5,000 In / \$10,000 Out	\$7,350 In / \$14,700 Out
Family Deductible	\$3,000 In / \$6,000 Out	\$5,000 In / \$10,000 Out	\$7,000 In / \$14,000 Out	\$10,000 In / \$20,000 Out	\$10,000 In / \$20,000 Out	\$14,700 In / \$29,400 Out
Individual MOOP	\$7,350 In / \$14,700 Out	\$7,350 In / \$14,700 Out	\$7,350 In / \$14,700 Out	\$7,350 In / \$14,700 Out	\$6,550 In / \$13,100 Out	\$7,350 In / \$14,700 Out
Family MOOP	\$14,700 In / \$29,400 Out	\$14,700 In / \$29,400 Out	\$14,700 In / \$29,400 Out	\$14,700 In / \$29,400 Out	\$13,100 In / \$26,200 Out	\$14,700 In / \$29,400 Out
Coinurance (Plan/You)	80% / 20%	80% / 20%	80% / 20%	80% / 20%	80% / 20%	100% / 0%
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
<b>OFFICE VISITS</b>						
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Non-Preferred Brand	\$85 Copay	\$85 Copay	\$100 Copay	\$100 Copay	Deductible then \$100 Copay	Subject to Deductible
<b>SUMMARY OF BENEFITS and COVERAGE</b>						
SBC	<a href="#">SHP QualCare 1500 Classic</a>	<a href="#">SHP QualCare 2500 Classic</a>	<a href="#">SHP QualCare 3500 Classic</a>	<a href="#">SHP QualCare 5000 Classic</a>	<a href="#">SHP QualCare 5000 HSA</a>	<a href="#">SHP QualCare 7350 Value</a>
<b>NOTES:</b>	<p>*New Jersey Residents ONLY. The QualCare network uses its network for all services in NJ, and all other states will use PHCS/Multiplan</p> <p>*See SBC for LIMITATIONS, EXCEPTIONS and OTHER IMPORTANT INFORMATION</p> <p>*SBCs and online rates supersede this summary</p> <p>*12-month rate lock / All benefits on a calendar year basis</p> <p>*Deductibles and MOOP reset every January 1st</p>			<p>*One-time Processing fee of \$125</p> <p>*This is a snapshot of benefits</p> <p>*This is for illustration purposes only</p> <p>*Rates good through 05/31/2026</p>		<p><a href="#">Provider Search How To</a></p>