



Health Plan 2

Individual Deductible	\$2,500
Individual total Out of Pocket	\$7,150
Family Deductible	\$5,000
Family total out of Pocket	\$14,300
Coinsurance	70%
Dr. Office Visit	\$40
Specialist	\$60
Urgent Care	\$75
Rx Coverage (Cigna)	\$20 Gen/ \$50 Brand / \$75 Non-preferred

Inpatient Hospital Stay	Deductible and Coinsurance
Outpatient Procedure	Deductible and Coinsurance
Emergency room	Deductible and Coinsurance
Major Diagnostic Scans	Deductible and Coinsurance

Virtual Care

Medical Treatment	\$0 Copay (3 Visits per month)
Talk Therapy - Mental Health	\$0 Copay (5 Visits per month)
Physical Therapy	\$0 Copay (12 Month treatment plan)

Other Available Benefits:

Individual Accident	Critical Illness
Individual Disability	Whole Life
Cancer Assist	Term Life

Employee cost per month

Employee (EE)	\$0.00
EE + Spouse	\$612.76
EE + All children	\$393.92
EE + Family	\$962.91

For questions, please call:

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