

**Applied Intellect LLC 2025**  
**Health Insurance Comparison**  
**In-Network Benefits Plan Comparison**

<i>Benefit Description</i>	Cigna Open Access Plus 6350 HSA LFP <b>IN-NETWORK</b>		Cigna Open Access Plus 1650 HSA LFP <b>IN-NETWORK</b>		Cigna Open Access Plus 1500 LFP <b>IN-NETWORK</b>	
<i>Annual Deductible (single/family)</i>	\$6,350/\$12,700		\$1,650/\$3,300		\$1,500/\$3,000	
<i>Coinsurance</i>	Plan pays 100%		Plan pays 100%		Plan pays 100%	
<i>Out-of-Pocket Maximum (single/family) (includes deductible)</i>	\$6,350/\$12,700		\$1,650/\$3,300		\$5,000/\$10,000	
<i>Maximum Benefit</i>	Unlimited		Unlimited		Unlimited	
<i>Office Visits: Preventive Care</i>						
Primary Care Physician Office Visit	Plan pays 100%		Plan pays 100%		Plan pays 100%	
Specialist Physician Office Visit	Plan pays 100%		Plan pays 100%		Plan pays 100%	
Well Child Care	Plan pays 100%		Plan pays 100%		Plan pays 100%	
<i>Office Visits: Illness or Injury</i>						
Primary Care Physician (PCP) office visit	Plan pays 100% after deductible		Plan pays 100% after deductible		\$25 Copay	
Specialty Care Physician office visit	Plan pays 100% after deductible		Plan pays 100% after deductible		\$75 Copay	
Virtual Care Services	Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100%	
Mental Health Outpatient Visits	Plan pays 100% after deductible		Plan pays 100% after deductible		\$75 Copay	
<i>Emergency Room Services</i>						
Life-threatening illness, serious accidental injury	Plan pays 100% after deductible		Plan pays 100% after deductible		\$300 Copay + deductible	
Urgent Care	Plan pays 100% after deductible		Plan pays 100% after deductible		\$50 Copay	
<i>Hospital Services - Inpatient</i>						
Facility/ Hospital Charges	Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
Physician Fees for Surgical and Medical Services	Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
<i>Outpatient Services</i>						
Surgery facility/Hospital charges	Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
Diagnostic Lab services	Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
Diagnostic X-Ray	Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
Major Diagnostics (CT, PET, MRI, MRA, and nuclear medicine)	Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
Physician Fees for Surgical and Medical Services	Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
<i>Prescription Drugs</i>						
Tier 1	Plan pays 100% after deductible		Plan pays 100% after deductible		\$10 Copay	
Tier 2	Plan pays 100% after deductible		Plan pays 100% after deductible		\$35 Copay	
Tier 3	Plan pays 100% after deductible		Plan pays 100% after deductible		\$75 Copay	
Tier 3: Specialty	Plan pays 100% after deductible		Plan pays 100% after deductible		\$250 Copay	
	<b>Monthly</b>		<b>Monthly</b>		<b>Monthly</b>	
<b>Employee Tier</b>	<b>Rates</b>	<b>Employee Share</b>	<b>Rates</b>	<b>Employee Share</b>	<b>Rates</b>	<b>Employee Share</b>
Employee Only	\$449.36	\$0.00	\$524.98	\$0.00	\$615.99	\$0.00
Employee + Spouse	\$962.07	\$0.00	\$1,123.99	\$384.02	\$1,318.83	\$220.53
Employee + Child(ren)	\$834.00	\$0.00	\$974.37	\$358.33	\$1,143.28	\$44.98
Family	\$1,432.10	\$333.80	\$1,673.10	\$933.13	\$1,963.15	\$864.85

	Per Pay Period		Per Pay Period		Per Pay Period	
<b>Employee Tier</b>	<b>Cost</b>	<b>Employee Share</b>	<b>Cost</b>	<b>Employee Share</b>	<b>Cost</b>	<b>Employee Share</b>
Employee Only	\$207.40	\$0.00	\$242.30	\$0.00	\$284.30	\$0.00
Employee + Spouse	\$444.03	\$0.00	\$518.76	\$177.24	\$608.69	\$101.78
Employee + Child(ren)	\$384.92	\$0.00	\$449.71	\$165.38	\$527.67	\$20.76
Family	\$660.97	\$154.06	\$772.20	\$430.68	\$906.07	\$399.16