

Med Performance

Three individual medical plans on the Cigna PPO network. The plans are not insured by Cigna. Monthly ACH rates for employee, employee and spouse, employee and child, and family are on page 3.

CLASSIC

3500 Classic

\$3,500

individual deductible

Family deductible \$7,000

Out-of-pocket \$7,350 / \$14,700

Plan pays 80% after the deductible

Primary \$45 copay

Lowest deductible. Best if you use care often.

CLASSIC

5000 Classic

\$5,000

individual deductible

Family deductible \$10,000

Out-of-pocket \$7,350 / \$14,700

Plan pays 80% after the deductible

Primary \$45 copay

Same office copays as 3500, at a lower monthly rate.

VALUE

7350 Value

\$7,350

individual deductible

Family deductible \$14,700

Out-of-pocket \$7,350 / \$14,700

Plan pays 100% after the deductible

Primary \$50 copay

Lowest monthly cost. Deductible equals the out-of-pocket max.

Preventive care is \$0 on every plan. Pharmacy is participating pharmacies only. Out-of-network deductibles are double the in-network amount. There is no lifetime maximum. Evo telemedicine is included.

What you pay

Benefit	3500 Classic	5000 Classic	7350 Value
Individual deductible	\$3,500	\$5,000	\$7,350
Family deductible	\$7,000	\$10,000	\$14,700
Individual out-of-pocket	\$7,350	\$7,350	\$7,350
Family out-of-pocket	\$14,700	\$14,700	\$14,700
After the deductible	Plan pays 80% after the deductible	Plan pays 80% after the deductible	Plan pays 100% after the deductible
Preventive care	\$0	\$0	\$0
Primary care	\$45 copay	\$45 copay	\$50 copay
Specialist	\$90 copay	\$90 copay	\$100 copay
Urgent care	\$90 copay	\$90 copay	\$100 copay
Chiropractic	\$20 copay	\$20 copay	\$20 copay
Lab, imaging, hospital	20% after deductible	20% after deductible	0% after deductible
Emergency room	20%	20%	0% after deductible
Generic drug	\$15	\$15	0% after deductible
Preferred brand	\$65	\$65	0% after deductible
Non-preferred brand	\$100	\$100	0% after deductible
Specialty drug	50%	50%	0% after deductible

- Chiropractic is a \$20 copay, up to 20 visits.
- Emergency room coinsurance on the Classic plans is 20%.
- A brand drug taken when a generic exists adds the cost difference. That difference does not count toward the out-of-pocket maximum.
- The 7350 Value plan pays 100% after the deductible, including prescriptions.

This comparison is a summary of the Med Performance brochures. If it differs from the Schedule of Benefits, the Schedule governs. ERISA-sponsored plan. Not an offer of coverage.

Monthly rates

Age is the employee's age. Each plan shows employee, employee and spouse, employee and child, and family.

3500 Classic

\$3,500 individual deductible · pays 80% after the deductible

Age	Employee	Employee & spouse	Employee & child	Family
18–29	\$731.44	\$1,332.82	\$1,222.64	\$1,934.21
30–39	\$753.47	\$1,376.89	\$1,262.31	\$2,000.32
40–49	\$780.96	\$1,431.87	\$1,311.79	\$2,082.79
50–59	\$807.98	\$1,485.91	\$1,360.42	\$2,163.84
60–64	\$837.42	\$1,544.77	\$1,413.40	\$2,252.14

5000 Classic

\$5,000 individual deductible · pays 80% after the deductible

Age	Employee	Employee & spouse	Employee & child	Family
18–29	\$694.11	\$1,259.45	\$1,156.48	\$1,824.80
30–39	\$714.70	\$1,300.64	\$1,193.55	\$1,886.59
40–49	\$740.40	\$1,352.02	\$1,239.80	\$1,963.66
50–59	\$765.65	\$1,402.52	\$1,285.25	\$2,039.41
60–64	\$793.15	\$1,457.54	\$1,334.76	\$2,121.94

7350 Value

\$7,350 individual deductible · pays 100% after the deductible

Age	Employee	Employee & spouse	Employee & child	Family
18–29	\$621.50	\$1,116.74	\$1,027.79	\$1,611.99
30–39	\$639.29	\$1,152.32	\$1,059.81	\$1,665.36
40–49	\$661.48	\$1,196.70	\$1,099.76	\$1,731.94
50–59	\$683.30	\$1,240.33	\$1,139.02	\$1,797.38
60–64	\$707.06	\$1,287.85	\$1,181.79	\$1,868.66

Rates are monthly and assume ACH. Enrollment still depends on the application. NP Benefit Services will confirm the rate before you enroll.

General limitations

Key exclusions from the plan brochure. This is not the full list.

Medical necessity

Services that are not medically necessary.

Experimental

Experimental or investigational treatment.

Cosmetic

Cosmetic care, except to repair an accident, a covered illness, or a congenital anomaly that causes a functional defect.

Custodial and long-term care

Rest or maintenance care, and help with daily living that does not restore health.

Outside the U.S.

Care received outside the United States, except in an emergency.

Gene therapy

Gene therapies and the services and supplies that go with them.

Work-related

Injury or illness from work for wage or profit, including professional or semi-professional athletics.

Other insurance pays first

Includes many auto accidents that mandatory no-fault would cover. A passenger in a non-family vehicle, or a pedestrian, is not excluded on that basis.

NP Benefit Services · Licensed CA / AZ / UT · CA License #0C10932. 1791 Third Street, Norco, CA 92860. This brochure is a summary prepared for a prospect. It is not an offer of coverage, a policy, or a Schedule of Benefits. Med Performance is an ERISA-sponsored plan that uses the Cigna PPO network and is not insured by Cigna. Call 888-954-8999 or email npillow@npbenefitservices.com.