



SUMMARY OF BENEFITS

Alliance of Professionals & Consultants

Cigna
PPO 7350

1/1/2026

to

12/31/2026



Swipe card for benefit listed under the "Difference Card Pays" column.



Submit a claim for reimbursement with EOB for payment.

TYPE OF VISIT

YOU PAY

DIFFERENCE CARD PAYS

CIGNA BENEFIT

PHYSICIAN SERVICES

	Primary Care Office Visit Copay	\$0	\$50	\$50 Copay
	Specialist Office Visit Copay	\$50	\$50	\$100 Copay
	Preventive Care / Screening / Immunization	No Charge		
	Urgent Care	\$50	\$50	\$100 Copay

PHARMACY

	Prescription Deductible Application	N/A		
	Prescription Individual Deductible	\$0	\$0	\$0
	Prescription Family Deductible	\$0	\$0	\$0
	Retail Prescriptions	\$0	100%	\$15/\$65/\$100/50%
	Mail Order Prescriptions	\$0	100%	\$30/\$130/\$200/50%

DIAGNOSTIC PROCEDURES

	Diagnostic Test- Lab Bloodwork	First \$5,500/\$11,000	Last \$1,850/\$3,700	Deductible
	Diagnostic Test X-Ray	First \$5,500/\$11,000	Last \$1,850/\$3,700	Deductible
	Complex Imaging (CT/Pet Scans, MRIs)	First \$5,500/\$11,000	Last \$1,850/\$3,700	Deductible

HOSPITAL SERVICES

	Emergency Room Care	First \$5,500/\$11,000	Last \$1,850/\$3,700	Deductible
	Outpatient Surgery	First \$5,500/\$11,000	Last \$1,850/\$3,700	Deductible
	Inpatient Hospital	First \$5,500/\$11,000	Last \$1,850/\$3,700	Deductible

IN NETWORK DEDUCTIBLE & COINSURANCE

	Qualified High Deductible Health Plan	No		No
	Deductible Accumulation Period	Calendar year		
	Family Deductible Accumulation Type	Individual Accumulation		Individual Accumulation
	In-Network Individual Deductible	First \$5,500	Last \$1,850	\$7,350
	In-Network Family Deductible	First \$11,000	Last \$3,700	\$14,700
	In-Network Individual Coinsurance Limit	\$0	\$0	0% to \$0
	In-Network Family Coinsurance Limit	\$0	\$0	0% to \$0

OUT OF NETWORK DEDUCTIBLE & COINSURANCE

	Out-of-Network Individual Deductible	\$14,700	\$0	\$14,700
	Out-of-Network Family Deductible	\$29,400	\$0	\$29,400
	Out-of-Network Individual Coinsurance Limit	\$0	\$0	0% to \$0
	Out-of-Network Family Coinsurance Limit	\$0	\$0	0% to \$0

In-Network Family Multiplier 2

Mail Order Multiplier 2

All claims must be submitted within 3 months of the end of the deductible accumulation period.

Terminated members must submit claims within 3 months of the termination date.

Information on this document based on carrier SBC.



Please have your provider swipe the Difference Card for the following amounts:

- Primary Care Swipe - \$50
- Specialist Swipe - \$50
- Urgent Care Swipe - \$50
- RX Copay - Swipe 100% per RX

Call 888.343.2110 with any questions.

Download the Mobile App to View and Submit Claims



SCAN THIS WITH YOUR CAMERA