

Cigna HSA Medical Plan Summary

Deductible	In Network: Plan: \$2,800/\$5,600	Out of Network: Plan: \$5,600/\$11,200
Coinsurance	In-network: Plan: 10%	Out-of-network: Plan: 30%
Out-of-Pocket Maximum	In-network: Plan: \$7,000/\$14,000	Out-of-network: Plan: \$15,000/\$30,000
Preventive Care Screening/Immunization	In-network: No cost	Out-of-network: Not covered
Doctor's Office Visit	In-network: Deductible then 10% coinsurance	Out-of-network: Deductible then 30% coinsurance
Specialist Office Visit	In-network: Deductible then 10% coinsurance	Out-of-network: Deductible then 30% coinsurance
MD Live Virtual Care	In-network: Urgent Care Services: Deductible then 10% coinsurance Primary Care Services: Deductible then 10% coinsurance Specialty Care Services: Deductible then 10% coinsurance	Out-of-network: Urgent Care Services: Not covered Primary Care Services: Not covered Specialty Care Services: Not covered
Virtual Physician Services	In-network: Primary Care: Deductible then 10% coinsurance Specialist: Deductible then 10% coinsurance	Out-of-network: Deductible then 30% coinsurance

Urgent Care**In-network:**

Deductible then 10% coinsurance

Out-of-network:

Deductible then 30% coinsurance

Emergency Room**In-network:**

Deductible then 10% coinsurance

Out-of-network:

Deductible then 10% coinsurance

Hospitalization**In-network:**

Deductible then 10% coinsurance

Out-of-network:

Deductible then 20% coinsurance

Acupuncture**In-network:**

Covered same as Physician Services office visit

Out-of-network:

Covered same as Physician Services office visit

**Chiropractic Services -
Calendar Year Maximum 20
days****In-network:**

Covered same as Physician Services office visit

Out-of-network:

Covered same as Physician Services office visit

**Are you required to use
network providers?**

No

**Do you need a referral to a
specialist?**

No

**Can I use a Health Savings
Account (HSA)?**

Yes

**Can I use a Health Care
Flexible Spending Account
(FSA)?**

No

Prescription Drug**In-network:**

Retail
(Up to 30-day supply)
Tier 1: \$15 Copay

Out-of-network:

Retail
(Up to 30-day supply)
Tier 1: You pay 30% plan
pays 70%

	Tier 2: \$30 Copay	Tier 2: You pay 30% plan pays 70%
	Tier 3: \$60 Copay	Tier 3: You pay 30% plan pays 70%
	Mail Order (90-day supply)	Mail Order (90-day supply)
	Tier 1: \$30 Copay	Tier 1: Not covered
	Tier 2: \$60 Copay	Tier 2: Not covered
	Tier 3: \$120 Copay	Tier 3: Not covered
Durable Medical Equipment	In-network: Deductible then 0% coinsurance	Out-of-network: Deductible then 20% coinsurance
High Tech Imaging (MRI, CT Scans, PET)	In-network: Deductible then 0% coinsurance	Out-of-network: Deductible then 20% coinsurance
Diagnostic Tests (x-ray, bloodwork)	In Network No charge	Out of Network Deductible then 20% coinsurance