

## Cigna \$5000 Medical Plan Summary

|                                                   |                                                                                                                                                   |                                                                                                                                           |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Deductible</b>                                 | <b>In Network:</b><br>Plan: \$5,000/\$10,000                                                                                                      | <b>Out of Network:</b><br>Plan: \$10,000/\$20,000                                                                                         |
| <b>Coinsurance</b>                                | <b>In-network:</b><br>Plan: 30%                                                                                                                   | <b>Out-of-network:</b><br>Plan: 50%                                                                                                       |
| <b>Out-of-Pocket Maximum</b>                      | <b>In-network:</b><br>Plan: \$8,150/\$16,300                                                                                                      | <b>Out-of-network:</b><br>Plan: \$14,300/\$28,600                                                                                         |
| <b>Preventive Care<br/>Screening/Immunization</b> | <b>In-network:</b><br>No cost                                                                                                                     | <b>Out-of-network:</b><br>Not covered                                                                                                     |
| <b>Doctor's Office Visit</b>                      | <b>In-network:</b><br>Deductible then 30% coinsurance                                                                                             | <b>Out-of-network:</b><br>Deductible then 50% coinsurance                                                                                 |
| <b>Specialist Office Visit</b>                    | <b>In-network:</b><br>Deductible then 30% coinsurance                                                                                             | <b>Out-of-network:</b><br>Deductible then 50% coinsurance                                                                                 |
| <b>MD Live Virtual Care</b>                       | <b>In-network:</b><br>Urgent Care Services: 30% coinsurance<br>Primary Care Services: 30% coinsurance<br>Specialty Care Services: 30% coinsurance | <b>Out-of-network:</b><br>Urgent Care Services: Not covered<br>Primary Care Services: Not covered<br>Specialty Care Services: Not covered |
| <b>Virtual Physician Services</b>                 | <b>In-network:</b><br>Primary Care: 30% coinsurance<br>Specialist: 30% coinsurance                                                                | <b>Out-of-network:</b><br>Deductible then 50% coinsurance                                                                                 |

**Urgent Care****In-network:**  
30% coinsurance**Out-of-network:**  
Deductible then 50%  
coinsurance**Emergency Room****In-network:**  
Deductible then 30%  
coinsurance**Out-of-network:**  
Deductible then 30%  
coinsurance**Hospitalization****In-network:**  
Deductible then 30%  
coinsurance**Out-of-network:**  
Deductible then 50%  
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)?**

No

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

Yes

**Prescription Drug****In-network:**  
**Retail**  
**(Up to 30-day supply)**  
Tier 1: \$10 copay**Out-of-network:**  
**Retail**  
**(Up to 30-day supply)**  
Tier 1: You pay 50%  
coinsurance

|                                                   |                                                                                             |                                                                                                |
|---------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
|                                                   | Tier 2: \$60 copay                                                                          | Tier 2: You pay 50% coinsurance                                                                |
|                                                   | Tier 3: \$100 copay                                                                         | Tier 3: You pay 50% coinsurance                                                                |
|                                                   | <b>Mail Order<br/>(90-day supply)</b>                                                       | <b>Mail Order<br/>(90-day supply)</b>                                                          |
|                                                   | Tier 1: \$25 copay                                                                          | Tier 1: Not covered                                                                            |
|                                                   | Tier 2: \$150 copay                                                                         | Tier 2: Not covered                                                                            |
|                                                   | Tier 3: \$250 copay                                                                         | Tier 3: Not covered                                                                            |
| <b>Durable Medical Equipment</b>                  | <b>In-network:</b><br>Deductible then<br>30% coinsurance                                    | <b>Out-of-network:</b><br>Deductible then 50%<br>coinsurance                                   |
| <b>High Tech Imaging (MRI, CT<br/>Scans, PET)</b> | <b>In-network:</b><br>Deductible then<br>30% coinsurance                                    | <b>Out-of-network:</b><br>Deductible then 50%<br>coinsurance                                   |
| <b>Diagnostic Tests (x-ray,<br/>bloodwork)</b>    | <b>In Network</b><br>Deductible then 30%<br>Coinsurance (Depending on<br>place of service.) | <b>Out of Network</b><br>Deductible the 50%<br>Coinsurance (Depending on<br>place of service.) |