

Cigna HRA Medical Plan Summary

Deductible	In Network: Plan: \$5,000/\$14,000 Employee Responsibility: \$2,000/\$6,000 Company Paid HRA Responsibility: \$3,000/8,000	Out of Network: Plan: \$10,000/\$20,000 Employee Responsibility: \$8,000/\$16,000 Company Paid HRA Responsibility: *\$3,000/\$8,000 *If it hasn't been used In- Network already
Coinsurance	In-network: Plan: 0%	Out-of-network: Plan: 20%
Out-of-Pocket Maximum	In-network: Plan: \$8,000/\$16,000	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 \$25.00 copay	Out of Network Deductible then 20% coinsurance
Specialist Office Visit	In Network \$50.00 copay	Out of Network Deductible then 20% coinsurance
MD Live Virtual Care	In-network: Urgent Care Services: \$25 copay Primary Care Services: \$25 copay Specialty Care Services: 50 copay	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: \$25 copay

Specialist: \$50 copay

Out-of-network:

Deductible then 20% coinsurance

Urgent Care**In-network:**

\$75.00 copay

Out-of-network:

Deductible then 20% coinsurance

Emergency Room**In-network:**

\$150.00 copay

Out-of-network:

\$150.00 copay

Hospitalization**In-network:**

Deductible then 0% 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)?**

No

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

Yes

Prescription Drug**In-network:**

Retail

Out-of-network:

Retail

	(Up to 30-day supply) Tier 1: \$10 Copay Tier 2: \$30 Copay Tier 3: \$50 Copay	(Up to 30-day supply) Tier 1: You pay 30% plan pays 70% Tier 2: You pay 30% plan pays 70% Tier 3: You pay 30% plan pays 70%
	Mail Order (90-day supply) Tier 1: \$20 Copay Tier 2: \$60 Copay Tier 3: \$150 Copay	Mail Order (90-day supply) Tier 1: Not covered Tier 2: Not covered 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 Not covered