Summary of Benefits & Coverage

HSA$1,750 / $3,500Deductible

Network Options:
Cigna EPO

*ThisplanisunderwrittenbyBenefit Logistic Captive Insurance Co, Inc NAIC #17633 and not by Cigna.

Summary of Benefits & Coverage

CignaEPOHSA$1,750 / $3,500Deductible

Employer Plan EPO.

The Health Plan is underwritten by Benefit Logistics Captive Insurance Company and not underwritten by any network.

Professional Services	PPO In-Network Benefits
Deductible (Based on level elected) • Individual • Family	$1,750 $3,500
Out of Pocket - Including Deductible • Individual • Family	$9,200 $18,400
PCP Office Visit	$50 Copay (After Deductible)
Specialist Office Visit (No Referral Needed)	$50 Copay (After Deductible)
Urgent Care Office Visit	$50 Copay (After Deductible)
Surgery Performed in the Office	See Outpatient Surgery
Chiropractic Care 12 visits per calendar year maximum	$50 Copay (After Deductible)
Therapies: Physical, Speech, Occupational, Cardiac & Resp 16 visits per calendar year maximum combined	$50 Copay/Visit (After Deductible)
Labs	$25 Copay
X-rays	$50 Copay
Diagnostic Testing/Advanced Imaging (Pre-certification required)	$200 Copay
Telemedicine through OurLiveDoc ONLY **Primary and Urgent Care, Behavioral Health** Call: 940-LIVE-DOC (940-548-3362) to get started	$0 Copay Unlimited Visits
Emergency Services (Precertification is required within 48 hours of admission, if admitted)	Participating Provider
Emergency Room Care Please note that for a true medical emergency, any provider may be used.	$1,000 Copay (After Deductible)
Ambuluance	$250 Copay (After Deductible)
Inpatient or Partial Hospitalization Services (Precertification Required)	Participating Provider
Inpatient Hospital Care Facility or **Partial Hospitalization**	$2,500 Copay/Admission (After Deductible)

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Inpatient Surgical Services	$2,500 Copay/Surgery (After Deductible)
Associated/Incidental Inpatient Services (Includes Anesthesia, Pathology, Physician Services, and any other incurred services)	$250 Copay/Service (After Deductible)
Inpatient Skilled Nursing Facility	$50 Copay/Day (After Deductible)
Inpatient Rehabilitation Facility	$50 Copay/Day (After Deductible)
Hospice 30-day limit per Lifetime	$0 Copay (After Deductible)
Organ Transplant	$2,500 Copay/Admission (After Deductible)
Outpatient Services (Precertification Required)	Participating Provider
Outpatient Surgical Services (Outpatient Hospital, Surgery Center or Office)	$2,500 Copay/Surgery (After Deductible)
Surgery Services (Includes surgeon, anesthesia, and any other incurred services associated with outpatient surgery)	$250 Copay/Service (After Deductible)
Outpatient Chemotherapy and Radiotherapy	$250 Copay/Visit (After Deductible)
Infusion/ Injection	$250 Copay/Visit (After Deductible)
Dialysis	$250 Copay (After Deductible)
Outpatient Labs (No Precertification Required)	$100 Copay (After Deductible)
Preventive Services	Participating Provider
Preventive Care including but not limited to: Annual Wellness Exams, Labs and Immunizations See Preventative Care Guide	$0 Copay $0 Deductible
Maternity Services	Participating Provider
Pregnancy, Maternity • Routine Vaginal Delivery • Routine C-section Delivery • All other Maternity Service (Other maternity services included office visits, lab work, radiology, prenatal/postnatal care, etc. Excluded Genetic testing unless medically necessary.)	$2,500 Copay/Admission (After Deductible) $2,500 Copay/Admission (After Deductible) 100% Covered
Other Covered Services	Participating Provider
Home Health Care Visits (Precertification Required) 10 visits per Benefit Year	$50 Copay/Visit (After Deductible)

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Employer Plan EPO.

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Durable Medical Equipment (DME) (Precertification Required) Copayment is applied per item received. 5 items/benefit period.	$50 Copay/Item (After Deductible)
Diabetic Nutritional Counseling (1 visit per Plan Year)	$0 Copay/Service (After Deductible)
Prosthetics (Precertification Required) (1 item per Benefit Plan Year)	$50 Copay/Item (After Deductible)
Allergies • Shots • Visits/Testing	$25 Copay (After Deductible) $50 Copay/Visit (After Deductible)
Pharmacy - Retail	Participating Provider
Preventive Medicine Rx - Generic or Brand (See Formulary)	$0 Copay
Generic Drugs - Urgent Care Rx (See Formulary) 30-day supply at retail pharmacies	$0 Copay
Generic Drugs - Maintenance Rx (See Formulary) 30-day supply at retail pharmacies. Mail order required for maintenance medication after initial 30-day supply.	$0 Copaqy
Preferred Brand Name Drugs	PAP Available
Non-Preferred Brand Name Drugs	PAP Available
Specialty Drugs	PAP Available
Pharmacy - Mail Order	Participating Provider
Generic Drugs (See Formulary) 90-day supply maintenance medication	$0 Copay
Preferred Brand Name Drugs	Patient Assistance Plans Available
Non-Preferred Brand Name Drugs	Patient Assistance Plans Available
Specialty Drugs	Patient Assistance Plans Available