

# XGB

## Summary of Benefits & Coverage

\$1,000 / \$2,000 Deductible

Network Options:

Cigna EPO

\*This plan is underwritten by Benefit Logistic Captive Insurance Co, Inc NAIC #17633 and not by Cigna.

# Summary of Benefits & Coverage

Cigna EPO \$1,000 / \$2,000 Deductible

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
<b>Deductible (Based on level elected)</b> <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$1,000 \$2,000
<b>Out of Pocket – Including Deductible</b> <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$9,200 \$18,400
<b>PCP Office Visit</b>	\$50 Copay (After Deductible)
<b>Specialist Office Visit (No Referral Needed)</b>	\$50 Copay (After Deductible)
<b>Urgent Care Office Visit</b>	\$50 Copay (After Deductible)
<b>Surgery Performed in the Office</b>	See Outpatient Surgery
<b>Chiropractic Care</b> 12 visits per calendar year maximum	\$50 Copay (After Deductible)
<b>Therapies:</b> Physical, Speech, Occupational, Cardiac & Resp 16 visits per calendar year maximum combined	\$50 Copay/Visit (After Deductible)
<b>Labs</b>	\$25 Copay
<b>X-rays</b>	\$50 Copay
<b>Diagnostic Testing/Advanced Imaging (Pre-certification required)</b>	\$200 Copay
<b>Telemedicine through OurLiveDoc ONLY</b> <b>Primary and Urgent Care, Behavioral Health</b> Call: 940-LIVE-DOC (940-548-3362) to get started	\$0 Copay Unlimited Visits
<b>Emergency Services (Precertification is required within 48 hours of admission, if admitted)</b>	Participating Provider
<b>Emergency Room Care</b> Please note that for a true medical emergency, any provider may be used.	\$1,000 Copay (After Deductible)
<b>Ambulance</b>	\$250 Copay (After Deductible)
<b>Inpatient or Partial Hospitalization Services (Precertification Required)</b>	Participating Provider
<b>Inpatient Hospital Care Facility or Partial Hospitalization</b>	\$2,500 Copay/Admission (After Deductible)

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Employer Plan EPO.

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<b>Inpatient Surgical Services</b>	\$2,500 Copay/Surgery (After Deductible)
<b>Associated/Incidental Inpatient Services</b> (Includes Anesthesia, Pathology, Physician Services, and any other incurred services)	\$250 Copay/Service (After Deductible)
<b>Inpatient Skilled Nursing Facility</b>	\$50 Copay/Day (After Deductible)
<b>Inpatient Rehabilitation Facility</b>	\$50 Copay/Day (After Deductible)
<b>Hospice</b> 30-day limit per Lifetime	\$0 Copay (After Deductible)
<b>Organ Transplant</b>	\$2,500 Copay/Admission (After Deductible)
<b>Outpatient Services (Precertification Required)</b>	Participating Provider
<b>Outpatient Surgical Services (Outpatient Hospital, Surgery Center or Office)</b>	\$2,500 Copay/Surgery (After Deductible)
<b>Surgery Services</b> (Includes surgeon, anesthesia, and any other incurred services associated with outpatient surgery)	\$250 Copay/Service (After Deductible)
<b>Outpatient Chemotherapy and Radiotherapy</b>	\$250 Copay/Visit (After Deductible)
<b>Infusion/ Injection</b>	\$250 Copay/Visit (After Deductible)
<b>Dialysis</b>	\$250 Copay (After Deductible)
<b>Outpatient Labs (No Precertification Required)</b>	\$100 Copay (After Deductible)
<b>Preventive Services</b>	Participating Provider
<b>Preventive Care</b> including but not limited to: Annual Wellness Exams, Labs and Immunizations See Preventative Care Guide	\$0 Copay \$0 Deductible
<b>Maternity Services</b>	Participating Provider
<b>Pregnancy, Maternity</b> <ul style="list-style-type: none"> <li>Routine Vaginal Delivery</li> <li>Routine C-section Delivery</li> <li>All other Maternity Service (Other maternity services included office visits, lab work, radiology, prenatal/postnatal care, etc. Excluded Genetic testing unless medically necessary.)</li> </ul>	\$2,500 Copay/Admission (After Deductible) \$2,500 Copay/Admission (After Deductible) 100% Covered
<b>Other Covered Services</b>	Participating Provider
<b>Home Health Care Visits (Precertification Required)</b> 10 visits per Benefit Year	\$50 Copay/Visit (After Deductible)

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<b>Durable Medical Equipment (DME)</b> (Precertification Required) Copayment is applied per item received. 5 items/benefit period.	\$50 Copay/Item (After Deductible)
<b>Diabetic Nutritional Counseling</b> (1 visit per Plan Year)	\$0 Copay/Service (After Deductible)
<b>Prosthetics</b> (Precertification Required) (1 item per Benefit Plan Year)	\$50 Copay/Item (After Deductible)
<b>Allergies</b> <ul style="list-style-type: none"> <li>• Shots</li> <li>• Visits/Testing</li> </ul>	\$25 Copay (After Deductible) \$50 Copay/Visit (After Deductible)
<b>Pharmacy - Retail</b>	Participating Provider
<b>Preventive Medicine Rx - Generic or Brand</b> (See Formulary)	\$0 Copay
<b>Generic Drugs - Urgent Care Rx</b> (See Formulary) 30-day supply at retail pharmacies	\$0 Copay
<b>Generic Drugs - Maintenance Rx</b> (See Formulary) 30-day supply at retail pharmacies. Mail order required for maintenance medication after initial 30-day supply.	\$0 Copay
<b>Preferred Brand Name Drugs</b>	PAP Available
<b>Non-Preferred Brand Name Drugs</b>	PAP Available
<b>Specialty Drugs</b>	PAP Available
<b>Pharmacy - Mail Order</b>	Participating Provider
<b>Generic Drugs</b> (See Formulary) 90-day supply maintenance medication	\$0 Copay
<b>Preferred Brand Name Drugs</b>	Patient Assistance Plans Available
<b>Non-Preferred Brand Name Drugs</b>	Patient Assistance Plans Available
<b>Specialty Drugs</b>	Patient Assistance Plans Available