

SUMMARY OF BENEFITS

Benefits outlined below are intended as a general summary and are covered only when using a Cigna Open Access Plus Network participating provider. All benefits are subject to the terms and conditions of your Health Benefits Booklet. In the event of any inconsistency between this Summary and the Health Benefits Booklet, the provisions as defined in the Health Benefits Booklet and Endorsements will govern. Covered benefits are subject to review for medical necessity. Plan year is defined from July 1 through June 30.

BENEFITS	RED OPEN ACCESS (In Network Benefits Only)
<p>DEDUCTIBLES, MAXIMUMS*</p> <p>Plan Year Deductible (Medical)                      Coinsurance (Medical)                      Out-of-Pocket Maximum/Plan Year (Medical)                      Out-of-Pocket Maximum/Plan Year (Prescription Drugs)                      Maximum Lifetime Benefit</p> <p>*No one person will incur more than the individual deductible/out-of-pocket maximum</p>	<p><b>YOU PAY</b></p> <p>Individual: \$250; Family: \$500                      20%                      Individual: \$1,000; Family: \$2,000                      Individual: \$2,000; Family: \$4,000                      Unlimited</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>All copays and coinsurance contribute to the Out-of-Pocket Maximums.</p> </div>
<p>PREVENTIVE CARE <i>(Includes Naturopath Services, Routine Laboratory &amp; Diagnostic Testing)</i></p> <p>Routine Physical Examination (Physician’s Office or Virtual Care)                      Additional services such as urinalysis, EKG and other laboratory tests when billed as part of preventive care visit                      Routine Immunizations                      Mammogram, PAP and PSA Tests                      Routine Eye Exam (one every 12 months for all ages) Discounts Available for Eyewear                      Routine Hearing Exam</p>	<p>\$0                      \$0                      \$0                      \$0                      \$0                      \$0</p>
<p>OTHER PHYSICIAN SERVICES <i>(Includes Naturopath Services)</i></p> <p>Office Visits and/or Office Surgery                      Maternity Care                      Virtual Care Visit <i>(see details on myCigna.com)</i></p>	<p>Deductible, then 20% to the Out of Pocket Maximum                      Deductible, then 20% to the Out of Pocket Maximum                      Deductible, then 20% to the Out of Pocket Maximum</p>
<p>OUTPATIENT DIAGNOSTIC TESTING</p> <p>Radiology and Laboratory Services (Prior authorization required for some tests)</p>	<p>Deductible, then 20% to the Out of Pocket Maximum</p>
<p>HOSPITAL CARE</p> <p>Inpatient Services including Newborn Care                      Same Day or Outpatient Surgery                      Physician Visits and Services                      Surgeon, Radiologist, Pathologist and Anesthesiologist Services                      Operating Room                      Lab and Radiology Services, including Advanced Radiological Imaging as well as Medical Specialty Drugs</p>	<p>Deductible, then 20% to the Out of Pocket Maximum                      (Inpatient admissions and some outpatient procedures require prior authorization)</p>

BENEFITS	RED OPEN ACCESS (In Network Benefits Only)
<p>EMERGENCY &amp; URGENT CARE <i>(Medically Necessary and Worldwide)</i>                      Hospital Emergency Room                      Urgent Care Facility (Including MDLive Virtual Care)</p>	<p><b>YOU PAY</b>                      \$50 per visit (waived if admitted)                      \$25 per visit (waived if admitted)</p>
<p>MENTAL HEALTH/SUBSTANCE USE DISORDER                      OUTPATIENT (Physician's office or Virtual Care)                      INPATIENT HOSPITALIZATION AND OUTPATIENT FACILITY                      (Prior authorization required)</p>	<p>\$0                      \$0</p>
<p>PRESCRIPTION DRUGS                      Cigna Participating Pharmacies                      Go to <a href="http://Cigna.com/Rx90network">Cigna.com/Rx90network</a> for listing of 90-day network retail pharmacies                      Certain Preventive Generic Drugs including contraceptives: \$0                      (Prior authorization and step therapy are required for some drugs)</p>	<p>Retail - up to 90-day supply: \$10 generic/\$30 preferred brand name/\$65 non-preferred brand name drugs                      Mail Order – up to 90-day supply: \$0 generic/\$30 preferred brand name/\$65 non-preferred brand name drugs available through Express Scripts Home Delivery mail order                      Specialty Drugs: 30-day supply only, filled through Accredo Home Delivery mail order</p>
<p>PHYSICAL, OCCUPATIONAL AND SPEECH THERAPIES                      OUTPATIENT: short-term rehab, up to 60 days per person/per plan year, includes PT, OT, ST and cardiac rehab (combined maximum).                      INPATIENT (Prior authorization required)</p>	<p>Deductible, then 20% to the Out of Pocket Maximum                      Deductible, then 20% to the Out of Pocket Maximum</p>
<p>CHIROPRACTIC CARE                      20 days per person/per plan year</p>	<p>Deductible, then 20% to the Out of Pocket Maximum</p>
<p>ACUPUNCTURE† <i>(In or Out of Network)</i>                      12 days per person/per plan year                      †Coverage based on Cigna medical guidelines.</p>	<p>Deductible, then 20% to the Out of Pocket Maximum</p>
<p>DURABLE MEDICAL EQUIPMENT</p>	<p>Deductible, then 20% to the Out of Pocket Maximum</p>
<p>EXTERNAL PROSTHETIC APPLIANCES</p>	<p>Deductible, then 20% to the Out of Pocket Maximum</p>
<p>OTHER BENEFITS                      AMBULANCE <i>(if not a true emergency, services are not covered)</i>                      BLOOD TRANSFUSIONS                      GENDER AFFIRMATION SERVICES                      HOME HEALTH &amp; HOSPICE SERVICES                      INFERTILITY TREATMENT Go to <a href="http://managed.winfertility.com/schoolcare">managed.winfertility.com/schoolcare</a>                      ORAL SURGERY <i>(accidents only)</i>                      REMOVAL OF BONEY IMPACTED WISDOM TEETH                      SKILLED NURSING CARE <i>(100 days per person/per plan year)</i></p>	<p>All other covered services subject to plan year deductible and 20% coinsurance to the out-of-pocket maximum for the plan year.</p>
<p>EMPLOYEE ASSISTANCE PROGRAM</p>	<p>Included</p>
<p><b>GOOD FOR YOU!</b> by SCHOOLCARE                      WELL-BEING INCENTIVES</p>	<p>Included – up to \$600 <u>each</u> for subscriber and covered spouse</p>