

## 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. The plan year is defined from July 1 through June 30.

BENEFITS	YELLOW OPEN ACCESS (In-Network Benefits Only)
<p>DEDUCTIBLES, MAXIMUMS*</p> <ul style="list-style-type: none"> <li>Plan Year Deductible</li> <li>Coinsurance</li> <li>Out-of-Pocket Maximum/Plan Year</li> <li>Maximum Lifetime Benefit</li> </ul> <p>*All family members contribute towards family deductible/out-of-pocket max.</p>	<p>Individual: \$1,250; Family: \$2,500                      Medical 20%; Pharmacy 10% (\$75 cap per prescription)                      Individual: \$2,000; Family: \$4,000                      Unlimited</p>
<p>CHOICE FUND <i>(if activated)</i></p> <p>Embedded Choice Fund (health reimbursement account) pays for eligible out-of-pocket expenses during the plan year.</p>	<p style="text-align: center;"><b>SCHOOLCARE PAYS</b></p> <p>Individual: \$1,000; Family: \$2,000  <b>Subscriber must take the online Health Assessment to activate Choice Fund.</b></p>
<p><b>NET COST AFTER CHOICE FUND</b> <i>(if activated)</i></p> <p>Out-of-Pocket Cost (including deductible)</p>	<p style="text-align: center;"><b>PLAN MEMBER PAYS</b></p> <p>Individual: \$1,000; Family: \$2,000  <b>The Employer may <u>not</u> fund any additional portion of the out-of-pocket costs under SCHOOLCARE policy.</b></p>
<p>PREVENTIVE CARE <i>(Includes Naturopath Services, Routine Laboratory &amp; Diagnostic Testing)</i></p> <ul style="list-style-type: none"> <li>Routine Physical Examination</li> <li>Routine Immunizations</li> <li>Well Child Preventive Care</li> <li>Well Woman Preventive Care</li> <li>Adult Preventive Care</li> <li>Additional services such as urinalysis and EKG</li> <li>Routine Eye Exam (one every 12 months for all ages) Discounts Available for Eyewear</li> </ul>	<p>\$0                      \$0                      \$0                      \$0                      \$0                      \$0                      \$0</p>
<p>OTHER PHYSICIAN SERVICES <i>(Includes Naturopath Services)</i></p> <ul style="list-style-type: none"> <li>Office Visits and/or Office Surgery</li> <li>Maternity Care</li> <li>Telehealth Visit <i>(see details on myCigna.com)</i></li> </ul>	<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> <ul style="list-style-type: none"> <li>Inpatient Services including Newborn Care</li> <li>Same Day or Outpatient Surgery</li> <li>Radiation and Chemotherapy</li> <li>Physician Visits and Services</li> <li>Anesthesiologist Services</li> <li>Operating Room</li> <li>X-ray and Laboratory Services</li> <li>Medications and Supplies</li> </ul>	<p>Deductible, then 20% to the Out of Pocket Maximum</p> <p>(Inpatient admissions and some outpatient procedures require prior authorization)</p>

BENEFITS	YELLOW OPEN ACCESS (In-Network Benefits Only)
HEARING TESTS	Deductible, then 20% to the Out of Pocket Maximum
EMERGENCY & URGENT CARE <i>(Medically Necessary and Worldwide)</i> Hospital Emergency Room Urgent Care Facility	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
MENTAL HEALTH/SUBSTANCE USE DISORDER OUTPATIENT (Physician's office or Telehealth) INPATIENT HOSPITALIZATION AND OUTPATIENT FACILITY (Prior authorization required)	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
PRESCRIPTION DRUGS Cigna Participating Pharmacies Go to <a href="https://www.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)	Retail - up to 90-day supply: Deductible, then 10% to the Out of Pocket Maximum‡ Mail Order – up to 90-day supply: Deductible, then 10% to the Out of Pocket Maximum‡ available only through Express Scripts Home Delivery mail order Specialty Drugs: 30-day supply only, filled through Accredo Home Delivery mail order
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)	Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
CHIROPRACTIC CARE 20 days per person/per plan year	Deductible, then 20% to the Out of Pocket Maximum
ACUPUNCTURE† <i>(In or Out of Network)</i> 12 days per person/per plan year †Coverage based on Cigna medical guidelines.	Deductible, then 20% to the Out of Pocket Maximum
DURABLE MEDICAL EQUIPMENT	Deductible, then 20% to the Out of Pocket Maximum
EXTERNAL PROSTHETIC APPLIANCES	Deductible, then 20% to the Out of Pocket Maximum
OTHER BENEFITS AMBULANCE <i>(if not a true emergency, services are not covered)</i> BLOOD TRANSFUSIONS HOME HEALTH & HOSPICE SERVICES INFERTILITY TREATMENT Go to <a href="https://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 maximum)</i> TRANSGENDER SERVICES	All other covered services subject to plan year deductible and 20% coinsurance to the out-of-pocket maximum for the plan year.
EMPLOYEE ASSISTANCE PROGRAM	Included
<b>GOOD FOR YOU!</b> by SCHOOLCARE WELL-BEING INCENTIVES	Included – up to \$800 for subscriber and \$400 for spouse

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BENEFITS	GREEN OPEN ACCESS (In Network Benefits Only)
<b>DEDUCTIBLES, MAXIMUMS</b> Plan Year Deductible Coinsurance Out-of-Pocket Maximum/Plan Year (Medical) Out-of-Pocket Maximum/Plan Year (Prescription Drugs) Maximum Lifetime benefit	<p style="text-align: center;"><b>PLAN MEMBER PAYS</b></p> \$0 20% (DME and EPA only) Individual: \$1,000; Family: \$2,000 Individual: \$2,000; Family: \$4,000 Unlimited <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;">                         All copays and coinsurance contribute to the Out-of-Pocket Maximums.                     </div>
<b>PREVENTIVE CARE</b> <i>(Includes Naturopath Services, Routine Laboratory &amp; Diagnostic Testing)</i> Routine Physical Examination Routine Immunizations Well Child Preventive Care Well Woman Preventive Care Adult Preventive Care Additional services such as urinalysis and EKG	\$0 \$0 \$0 \$0 \$0 \$0
<b>ROUTINE VISION CARE</b> Routine Exam (one every 12 months for all ages) Discounts Available for Eyewear	\$0
<b>HEARING TESTS</b>	\$5 per visit
<b>OTHER PHYSICIAN SERVICES</b> <i>(Includes Naturopath Services)</i> Office Visits and/or Office Surgery Maternity Care Telehealth visit <i>(see details on myCigna.com)</i>	\$5 per visit \$5 per visit (initial visit only) \$5 per visit
<b>OUTPATIENT DIAGNOSTIC TESTING</b> Radiology and Laboratory Services (Prior authorization required for some tests)	\$0
<b>HOSPITAL CARE</b> Inpatient Services Same Day or Outpatient Surgery Radiation and Chemotherapy Physician Visits and Services Anesthesiologist Services Operating Room X-ray and Laboratory Services Medications and Supplies Newborn Care	\$0 (Inpatient admissions and some outpatient procedures require prior authorization)

BENEFITS	GREEN OPEN ACCESS (In Network Benefits Only)
EMERGENCY & URGENT CARE <i>(Medically Necessary and Worldwide)</i> Hospital Emergency Room Urgent Care Facility	\$50 per visit (waived if admitted) \$25 per visit (waived if admitted)
MENTAL HEALTH/SUBSTANCE USE DISORDER OUTPATIENT (Physician's office or Telehealth) INPATIENT HOSPITALIZATION AND OUTPATIENT FACILITY (Prior authorization required)	\$5 copay per visit \$0
PRESCRIPTION DRUGS Cigna Participating Pharmacies Go to <a href="https://www.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)	Retail - up to 90-day supply: \$5 generic/\$15 preferred brand name/\$25 non-preferred brand name drugs  Mail Order – up to 90-day supply: \$5 generic/\$15 preferred brand name/\$25 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
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)	\$0  \$0
CHIROPRACTIC CARE 20 days per person/per plan year	\$5 per day
ACUPUNCTURE* <i>(In or Out of Network)</i> 12 days per person/per plan year *Coverage based on Cigna's medical guidelines.	\$5 per day
DURABLE MEDICAL EQUIPMENT (DME)	20%
EXTERNAL PROSTHETIC APPLIANCES (EPA)	20%
OTHER BENEFITS AMBULANCE <i>(if not a true emergency, services are not covered)</i> BLOOD TRANSFUSIONS HOME HEALTH & HOSPICE SERVICES INFERTILITY TREATMENT Go to <a href="https://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 maximum per person/per plan year)</i> TRANSGENDER SERVICES	\$0 \$0 \$0 \$0 (\$5, Physician's office) \$0 (\$5, Physician's office) \$0 (\$5, Physician's office) \$0 \$0 (\$5, Physician's office)
EMPLOYEE ASSISTANCE PROGRAM	Included
<b>GOOD FOR YOU!</b> by SCHOOLCARE WELL-BEING INCENTIVES	Included – up to \$800 for subscriber and \$400 for spouse

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BENEFITS	RED OPEN ACCESS (In Network Benefits Only)
<p>DEDUCTIBLES, MAXIMUMS*</p> <ul style="list-style-type: none"> <li>Plan Year Deductible (Medical)</li> <li>Coinsurance (Medical)</li> <li>Out-of-Pocket Maximum/Plan Year (Medical)</li> <li>Out-of-Pocket Maximum/Plan Year (Prescription Drugs)</li> <li>Maximum Lifetime Benefit</li> </ul> <p>* No one person will incur more than the individual deductible/out-of-pocket maximum</p>	<p style="text-align: center;"><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; margin-left: auto; margin-right: auto;"> <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> <ul style="list-style-type: none"> <li>Routine Physical Examination</li> <li>Routine Immunizations</li> <li>Hearing Tests</li> <li>Well Child Preventive Care</li> <li>Well Woman Preventive Care</li> <li>Adult Preventive Care</li> <li>Additional services such as urinalysis and EKG</li> <li>Routine Eye Exam (one every 12 months for all ages)</li> <li>Discounts Available for Eyewear</li> </ul>	<p>\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0</p>
<p>OTHER PHYSICIAN SERVICES <i>(Includes Naturopath Services)</i></p> <ul style="list-style-type: none"> <li>Office Visits and/or Office Surgery</li> <li>Maternity Care</li> <li>Telehealth Visit <i>(see details on myCigna.com)</i></li> </ul>	<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> <ul style="list-style-type: none"> <li>Radiology and Laboratory Services (Prior authorization required for some tests)</li> </ul>	<p>Deductible, then 20% to the Out of Pocket Maximum</p>
<p>HOSPITAL CARE</p> <ul style="list-style-type: none"> <li>Inpatient Services</li> <li>Same Day or Outpatient Surgery</li> <li>Radiation and Chemotherapy</li> <li>Physician Visits and Services</li> <li>Anesthesiologist Services</li> <li>Operating Room</li> <li>X-ray and Laboratory Services</li> <li>Medications and Supplies</li> <li>Newborn Care</li> </ul>	<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)
<b>EMERGENCY &amp; URGENT CARE</b> ( <i>Medically Necessary and Worldwide</i> ) Hospital Emergency Room Urgent Care Facility	<p style="text-align: center;"><b>YOU PAY</b></p> \$50 per visit (waived if admitted) \$25 per visit (waived if admitted)
<b>MENTAL HEALTH/SUBSTANCE USE DISORDER</b> OUTPATIENT (Physician's office or Telehealth) INPATIENT HOSPITALIZATION AND OUTPATIENT FACILITY (Prior authorization required)	\$0 \$0
<b>PRESCRIPTION DRUGS</b> 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)	Retail - up to 90-day supply: \$5 generic/\$15 preferred brand name/\$35 non-preferred brand name drugs Mail Order – up to 90-day supply: \$0 generic/\$15 preferred brand name/\$35 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
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<b>CHIROPRACTIC CARE</b> 20 days per person/per plan year	Deductible, then 20% to the Out of Pocket Maximum
<b>ACUPUNCTURE†</b> ( <i>In or Out of Network</i> ) 12 days per person/per plan year †Coverage based on Cigna medical guidelines.	Deductible, then 20% to the Out of Pocket Maximum
<b>DURABLE MEDICAL EQUIPMENT</b>	Deductible, then 20% to the Out of Pocket Maximum
<b>EXTERNAL PROSTHETIC APPLIANCES</b>	Deductible, then 20% to the Out of Pocket Maximum
<b>OTHER BENEFITS</b> AMBULANCE ( <i>if not a true emergency, services are not covered</i> ) BLOOD TRANSFUSIONS HOME HEALTH & 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 maximum per person/per plan year</i> ) TRANSGENDER SERVICES	All other covered services subject to plan year deductible and 20% coinsurance to the out-of-pocket maximum for the plan year.
<b>EMPLOYEE ASSISTANCE PROGRAM</b>	Included
<b>GOOD FOR YOU!</b> by SCHOOLCARE WELL-BEING INCENTIVES	Included – up to \$800 for subscriber and \$400 for spouse