

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"> Plan Year Deductible Coinsurance Out-of-Pocket Maximum/Plan Year Maximum Lifetime Benefit <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> Embedded Choice Fund (health reimbursement account) pays for eligible out-of-pocket expenses during the plan year.</p> | <p style="text-align: center;">SCHOOLCARE PAYS</p> <p>Individual: \$1,000; Family: \$2,000 Subscriber must take the online Health Assessment to activate Choice Fund.</p> |
| <p>NET COST AFTER CHOICE FUND <i>(if activated)</i> Out-of-Pocket Cost (including deductible)</p> | <p style="text-align: center;">PLAN MEMBER PAYS</p> <p>Individual: \$1,000; Family: \$2,000 The Employer may <u>not</u> fund any additional portion of the out-of-pocket costs under SCHOOLCARE policy.</p> |
| <p>PREVENTIVE CARE <i>(Includes Naturopath Services, Routine Laboratory & Diagnostic Testing)</i> 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> 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 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 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</p> <p>(Inpatient admissions and some outpatient procedures require prior authorization)</p> |

| BENEFITS | YELLOW OPEN ACCESS (In-Network Benefits Only) |
|---|---|
| HEARING TESTS <i>(Non-Routine)</i> | Deductible, then 20% to the Out of Pocket Maximum |
| EMERGENCY & URGENT CARE <i>(Medically Necessary and Worldwide)</i> Hospital Emergency Room Urgent Care Facility (Including MDLive Virtual Care) | 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 Virtual Care) 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 Cigna.com/Rx90network 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 (‡\$75 cap per prescription after deductible) |
| 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 GENDER AFFIRMATION SERVICES HOME HEALTH & HOSPICE SERVICES INFERTILITY TREATMENT Go to managed.winfertility.com/schoolcare 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> | 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 |
| GOOD FOR YOU! by SCHOOLCARE WELL-BEING INCENTIVES | Included – up to \$600 <u>each</u> for subscriber and covered spouse |

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| BENEFITS | GREEN OPEN ACCESS (In Network Benefits Only) |
|---|--|
| DEDUCTIBLES, MAXIMUMS 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;">PLAN MEMBER PAYS</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> |
| PREVENTIVE CARE <i>(Includes Naturopath Services, Routine Laboratory & Diagnostic Testing)</i> 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 Hearing Exam | \$0 \$0 \$0 \$0 \$0 |
| ROUTINE VISION CARE Routine Exam (one every 12 months for all ages) Discounts Available for Eyewear | \$0 |
| HEARING TESTS <i>(Non-Routine)</i> | \$5 per visit |
| OTHER PHYSICIAN SERVICES <i>(Includes Naturopath Services)</i> Office Visits and/or Office Surgery Maternity Care Virtual Care visit <i>(see details on myCigna.com)</i> | \$5 per visit \$5 per visit (initial visit only) \$5 per visit |
| OUTPATIENT DIAGNOSTIC TESTING Radiology and Laboratory Services (Prior authorization required for some tests) | \$0 |
| HOSPITAL CARE 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 | \$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 (Including MDLive Virtual Care) | \$50 per visit (waived if admitted) \$25 per visit (waived if admitted) |
| MENTAL HEALTH/SUBSTANCE USE DISORDER OUTPATIENT (Physician's office or Virtual Care) INPATIENT HOSPITALIZATION AND OUTPATIENT FACILITY (Prior authorization required) | \$5 copay per visit \$0 |
| PRESCRIPTION DRUGS Cigna Participating Pharmacies Go to Cigna.com/Rx90network 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 GENDER AFFIRMATION SERVICES HOME HEALTH & HOSPICE SERVICES INFERTILITY TREATMENT Go to managed.winfertility.com/schoolcare 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>) | \$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 |
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| <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>YOU PAY</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 & 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> |

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| 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 |
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