



HSA \$4,750 30%

MEDICAL PLAN

Medical	In-network	Out-of-network
Annual Deductible (individual/family)	\$4,750 / \$9,500	\$10,000 / \$20,000
Coinsurance	30%	50% after deductible
Annual Maximum Out-of-Pocket (individual/family)	\$6,500 / \$13,000	\$13,500 / \$27,000
Preventive Care	\$0 copay	Not Covered
Primary Care Services	\$30 copay after deductible	50% after deductible
Virtual Preventive¹ & Primary Care Services via Recuro Network	\$0 copay	Not Covered
Specialist Services	\$50 copay after deductible	50% after deductible
Hospital Inpatient²	30% after deductible	50% after deductible
Urgent Care	\$75 copay after deductible	\$75 copay after in-network deductible
Virtual Urgent Care via Recuro Network³	\$0 copay (deductible waived)	\$0 copay (deductible waived)
Emergency Room Services	30% after deductible	30% after in-network deductible
Ambulance Service	30% after deductible	30% after in-network deductible
Outpatient Surgery: Office Setting	\$50 copay after deductible	50% after deductible
Outpatient Surgery: Independent Facility²	20% after deductible	50% after deductible
Outpatient Surgery: Hospital Setting²	30% after deductible	50% after deductible
Advanced Imaging: Preferred Network⁴	\$0 copay after deductible	50% after deductible
Advanced Imaging: All Other Locations	30% after deductible	50% after deductible
Non-Advanced Imaging (General X-Ray)	\$40 copay after deductible	50% after deductible
Lab	\$10 copay after deductible	50% after deductible
Speech, Occupational & Physical Therapy² (up to 40 visits per year, combined for in- and out-of-network, includes services combined for speech, physical, and occupational therapy)	\$50 copay/visit after deductible	50% after deductible
Routine Vision Exam (one exam per contract year)	\$50 after deductible	Not covered
Prescription Drug (Retail)	In-network	Out-of-network
Prescription Drug Deductible	Integrated with medical deductible	Integrated with medical deductible
Tier 1 - Generic	\$10 copay after deductible	50% after deductible
Tier 2 - Preferred Brand & High Cost Generic	\$40 copay after deductible	50% after deductible
Tier 3 - Non-Preferred Brand	30% up to \$500/script after deductible	50% after deductible
Tier 4 - Specialty	30% up to \$750/script after deductible	50% after deductible

This summary section contains highlights only. Full benefit information, including plan benefit exclusions and limitations can be found in the plan documents. All plans operate on a contract-year basis. Referrals are not required for any plan. MAC A - Mandatory Generic: Generic substitution is required when available. If a member chooses a brand-name drug when a generic equivalent is available, the member will pay the copay plus the cost difference between the brand-name and generic drug.

¹Virtual Preventive Care eligible to adults aged 18+ years old.

²Cigna precertification required.

³Members must contact Concierge Services for assistance with network facilities.

⁴Members must contact NaVcare Member Services for available network facilities and to coordinate services.