

[Plan Name] Medical Benefits

The Schedule

For You [and Your Dependents]

[Network] [Network Open Access] [Exclusive Provider Organization] [Open Access Plus In-Network] [Comprehensive] [Point of Service] [Point of Service Open Access] [Preferred Provider Organization] [Open Access Plus] [Cigna Surefit] [LocalPlus] [LocalPlus In] Medical Benefits provide coverage for care In-Network and Out-of-Network. To receive [Network] [Network Open Access] [Exclusive Provider Organization] [Open Access Plus In-Network] [Comprehensive] [Point of Service] [Point of Service Open Access] [Preferred Provider Organization] [Open Access Plus] [Cigna Surefit] [LocalPlus] [LocalPlus In] Medical Benefits, you and your Dependents may be required to pay a portion of the Covered Expenses for services and supplies. That portion is the Copayment, Deductible or Coinsurance.

[If you are unable to locate an In-Network Provider in your area who can provide you with a service or supply that is covered under this plan, you must call the number on the back of your I.D. card to obtain authorization for Out-of-Network Provider coverage. If you obtain authorization for services provided by an Out-of-Network Provider, benefits for those services will be covered at the In-Network benefit level.]

[Coinsurance

The term Coinsurance means the percentage of Covered Expenses that an insured person is required to pay under the plan in addition to the Deductible, if any.]

Deductibles

Deductibles are Covered Expenses to be paid by you or your Dependent before benefits are payable under this plan. Deductibles are in addition to any Coinsurance. Once the Deductible maximum in The Schedule has been reached, you and your family need not satisfy any further medical deductible for the rest of that year.]

[Copayments/Deductibles

Copayments are amounts to be paid by you or your Dependent for covered services. Deductibles are Covered Expenses to be paid by you or your Dependent before benefits are payable under this plan. Deductible amounts are separate from and not reduced by Copayments. Copayments and Deductibles are in addition to any Coinsurance. [Once the Deductible maximum in The Schedule has been reached, you and your family need not satisfy any further medical deductible for the rest of that year.]]

[Out of Pocket Expenses – [For In-Network Charges Only]

Out-of-Pocket Expenses are Covered Expenses incurred for charges that are not paid by the benefit plan because of any [Deductibles,] Copayments or Coinsurance. When the Out-of-Pocket Maximum shown in The Schedule is reached, all Covered Expenses, except charges for non-compliance penalties, are payable by the benefit plan at 100%.]

[Out of Pocket Expenses –[For Out-of-Network Charges Only]

The Schedule

Out-of-Pocket Expenses

Out-of-Pocket Expenses are Covered Expenses incurred for [In-Network] [and] [Out-of-Network] charges that are not paid by the benefit plan. The following [In-Network] [and] [Out-of-Network] Expenses contribute to the Out-of-Pocket Maximum, and when the Out-of-Pocket Maximum shown in The Schedule is reached, they are payable by the benefit plan at 100%. [Once the Out-of-Pocket Maximum is reached for covered services that apply to the Out-of-Pocket Maximum, In-Network copayments and Out-of-Network deductibles are no longer required.]

- [Coinsurance]
- [Plan Deductible]
- [coinsurance][and][copayments][and][Per Day][deductibles]] [for the following:]
 - [inpatient hospital facility]
 - [outpatient facility]
 - [Advanced Radiological Imaging]
 - [emergency room]
 - [office visit]
 - [urgent care]
 - [Obesity/Bariatric [surgery] [treatment]]
 - [infertility]
 - [hearing aids]
 - [External Prosthetic Appliances]
 - [[Medical] [and] [Pharmacy] [Cigna Pharmacy][Mail Order Pharmacy]
 - [Mental Health] [and] [Substance Use Disorder]
 - [Ambulance]
 - [Ambulatory Free Standing Surgical]
 - [DME life sustaining]
 - [Medical Supplies]
 - [Acupuncture]
 - [TMJ]
 - [Home Health Care Services]
 - [Hospice]
 - [Outpatient Short-Term Rehabilitation]
 - [Chiropractic Services]
 - [Skilled Nursing]

The following Out-of-Pocket [In-Network] [and] [Out-of-Network] Expenses and charges do not contribute to the Out-of-Pocket Maximum and they are not payable by the benefit plan at 100% when the Out-of-Pocket Maximum shown in The Schedule is reached.

- [non-compliance penalties]

If exempt from MHPA

- [Out-of-Network Outpatient [Mental Health] [and] [Substance Use Disorder] treatment]
- [provider charges in excess of the Maximum Reimbursable Charge]
- [Coinsurance]
- [Plan Deductible]
- [coinsurance][and][copayments][and][deductibles] [for the following:]
 - [inpatient hospital facility]
 - [outpatient facility]
 - [Advanced Radiological Imaging]
 - [emergency room]
 - [office visit]
 - [urgent care]
 - [Obesity/Bariatric [surgery] [treatment]]
 - [infertility]
 - [hearing aids]
 - [External Prosthetic Appliances]
 - [[Medical] [and] [Pharmacy] [Cigna Pharmacy][Mail Order Pharmacy]
 - [Mental Health] [and] [Substance Use Disorder]
 - [Lab and X-ray]
 - [Ambulance]
 - [Ambulatory Free Standing Surgical]
 - [DME life sustaining]
 - [Medical Supplies]
 - [Acupuncture]
 - [TMJ]
 - [Home Health Care Services]
 - [Hospice]
 - [Outpatient Short-Term Rehabilitation]
 - [Chiropractic Services]
 - [Skilled Nursing]]

[Note:

For information about your health fund benefit and how it can help you pay for expenses that may not be covered under this plan, refer to **What You Should Know about Cigna Choice Fund.**]

Accumulation of Plan Deductibles and Out-of-Pocket Maximums

[Deductibles and Out-of-Pocket Maximums will accumulate in one direction (that is, [Out-of-Network will accumulate to In-Network] [In-Network will accumulate to Out-of-Network]). All other plan maximums and service-specific maximums (dollar and occurrence) cross-accumulate between In- and Out-of-Network unless otherwise noted. [All In-Network services must be performed by the Primary Care Physician (PCP) or referred by the PCP.]

[Deductibles and Out-of-Pocket Maximums will cross-accumulate (that is, In-Network will accumulate to Out-of-Network and Out-of-Network will accumulate to In-Network). All other plan maximums and service-specific maximums (dollar and occurrence) also cross-accumulate between In- and Out-of-Network unless otherwise noted. [All In-Network services must be performed by the Primary Care Physician (PCP) or referred by the PCP.]]

[Deductibles and Out-of-Pocket Maximums do not cross-accumulate (that is, In-Network will accumulate to In-Network and Out-of-Network will accumulate to Out-of-Network). However, all other plan maximums and service-specific maximums (dollar and occurrence) cross-accumulate between In- and Out-of-Network unless otherwise noted. [All In-Network services must be performed by the Primary Care Physician (PCP) or referred by the PCP.]]

[Accumulation of Pharmacy Benefits

If your plan provides Pharmacy benefits separately, any [In-Network] medical Out-of-Pocket Maximums will cross accumulate with any [In-Network] Pharmacy Out-of-Pocket Maximums.]

[Contract Year

Contract Year means a [one-twenty four] [(1 - 24)] month[s] period beginning on each [Month] [Date].]

[Guest Privileges

If you or one of your Dependents will be residing temporarily in another location where there are In-Network Providers, you may be eligible for Point of Service Medical Benefits at that location. However, the benefits available at the host location may differ from those described in this certificate. Refer to your Benefit Summary from the host location or contact your Employer for more information.]

[Assistant Surgeon and Co-Surgeon Charges

Assistant Surgeon

The maximum amount payable will be limited to charges made by an assistant surgeon that do not exceed a percentage of the surgeon's allowable charge as specified in Cigna Reimbursement Policies. (For purposes of this limitation, allowable charge means the amount payable to the surgeon prior to any reductions due to coinsurance or deductible amounts.)

Co-Surgeon

The maximum amount payable for charges made by co-surgeons will be limited to the amount specified in Cigna Reimbursement Policies.]

Out-of-Network Charges for Certain Services

Charges for services furnished by an Out-of-Network provider in an In-Network facility while you are receiving In-Network services at that In-Network facility: (i) are payable at the In-Network cost-sharing level; and (ii) the allowable amount used to determine the Plan's benefit payment is the amount agreed to by the Out-of-Network provider and Cigna, or as required by applicable state or Federal law.

The member is responsible for applicable In-Network cost-sharing amounts (any deductible, copay or coinsurance). The member is not responsible for any charges that may be made in excess of the allowable amount. If the Out-of-Network provider bills you for an amount higher than the amount you owe as indicated on the Explanation of Benefits (EOB), contact Cigna Customer Service at the phone number on your ID card.

Out-of-Network Emergency Services Charges

1. Emergency Services are covered at the In-Network cost-sharing level if services are received from a non-Participating (Out-of-Network) Provider.
2. The allowable amount used to determine the Plan's benefit payment for covered Emergency Services rendered in an Out-of-Network Hospital, or by an Out-of-Network provider in an In-Network Hospital, is the amount agreed to by the Out-of-Network provider and Cigna, or as required by applicable state and Federal law.
3. The allowable amount used to determine the Plan's benefit payment when Out-of-Network Emergency Services result in an inpatient admission is the median amount negotiated with In-Network facilities.

The member is responsible for applicable In-Network cost-sharing amounts (any deductible, copay or coinsurance). The member is not responsible for any charges that may be made in excess of the allowable amount. If the Out-of-Network provider bills you for an amount higher than the amount you owe as indicated on the Explanation of Benefits (EOB), contact Cigna Customer Service at the phone number on your ID card.

[Out-of-Network Air Ambulance Services Charges

1. Covered air ambulance services are payable at the In-Network cost-sharing level if services are received from a non-Participating (Out-of-Network) provider.
2. The allowable amount used to determine the Plan's benefit payment for covered air ambulance services rendered by an Out-of-Network provider is the amount agreed to by the Out-of-Network provider and Cigna, or as required by applicable state or Federal law.

The member is responsible for applicable In-Network cost-sharing amounts (any deductible, copay or coinsurance). The member is not responsible for any charges that may be made in excess of the allowable amount. If the Out-of-Network provider bills you for an amount higher than the amount you owe as indicated on the Explanation of Benefits (EOB), contact Cigna Customer Service at the phone number on your ID card.]

BENEFIT HIGHLIGHTS	IN-NETWORK	[OUT-OF-NETWORK]
[Lifetime Maximum for essential benefits]	Unlimited [10,000-Unlimited]**	
[Lifetime Maximum for non-essential benefits]	[\$10,000-Unlimited]	[\$10,000-Unlimited]
[Lifetime Maximum for non-essential benefits]	[\$10,000-Unlimited]]	
[Annual Maximum for non-essential benefits]	[\$10,000-Unlimited]]	
[Annual Maximum for non-essential benefits]	[Not Applicable] [\$10,000-Unlimited]	[\$10,000-Unlimited]
** For use with plans exempt from PPACA only.		
The Percentage of Covered Expenses the Plan Pays [Note: "No charge" means an insured person is not required to pay Coinsurance [, however amounts in excess of the Maximum Reimbursable Charge may be your responsibility if you choose to receive services from an Out-of-Network provider].]	[50-100]%	[30-80]% [of the Maximum Reimbursable Charge] [see below]
[Maximum Reimbursable Charge The Maximum Reimbursable Charge [for Out-of-Network services, other than those described in The Schedule sections Out-of-Network Charges for Certain Services and Out-of-Network Emergency Services Charges and Out-of-Network Air Ambulance Services Charges,] is determined based on the lesser of the provider's normal charge for a similar service or supply;		

<p>[[or the amount agreed to by the Out-of-Network provider and Cigna,] or a [policyholder-selected] percentile of charges made by providers of such service or supply in the geographic area where it is received as compiled in a database selected by Cigna. [If sufficient charge data is unavailable in the database for that geographic area to determine the Maximum Reimbursable Charge, then state, regional or national charge data may be used.][If sufficient charge data is unavailable in the database for that geographic area to determine the Maximum Reimbursable Charge, then data in the database for similar services may be used.]]</p>	<p>Not Applicable</p>	<p>[70-90]th Percentile]</p>
---	-----------------------	------------------------------

<p>[[or the amount agreed to by the Out-of-Network provider and Cigna,] or a [policyholder-selected] percentage of a fee schedule Cigna has developed that is based upon a methodology similar to a methodology utilized by Medicare to determine the allowable reimbursement for the same or similar services within the geographic market. In some cases, a Medicare based schedule will not be used and the Maximum Reimbursable Charge for covered services is determined based on the lesser of:</p> <ul style="list-style-type: none"> • the provider’s normal charge for a similar service or supply; or • [the [70-90]th percentile of charges made by providers of such service or supply in the geographic area where it is received as compiled in a database selected by Cigna. [If sufficient charge data is unavailable in the database for that geographic area to determine the Maximum Reimbursable Charge, then data in the database for similar services may be used.]] • [[0 – 60%] of the provider’s normal charge (i.e., the charge made to patients without coverage) for a similar service or supply]] 	<p>Not Applicable</p>	<p>[[100-500]%</p>
---	-----------------------	--------------------

<p>[Automatic Reinstatement]</p> <p>The total amount of Medical Benefits payable for all expenses incurred during a person’s lifetime will not exceed the Maximum Benefit shown in The Schedule. However, once a person uses any portion of his Maximum Benefit, on each January 1, Cigna will reinstate the used amount up to [\$1,000-5,000] to be applied to Covered Expenses incurred after the date of reinstatement.]</p>		
<p>[[Contract] [Calendar] Year Deductible</p> <p>Individual</p> <p>[Individual – Employee Only]</p> <p>[Individual within a Family]</p> <p>[Applies when Employee only is covered under the plan]</p>	<p>Note: for 2023 NGF plans: [\$[0-9,100][Indexed Annually] per person]</p> <p>Note: for 2024 NGF plans: [\$[0-9,450][Indexed Annually] per person]</p> <p>Note: for GF or Exempt: [\$[0-10,000] per person]</p> <p>[Not Applicable]</p>	<p>[\$[0-10,000] per person]</p> <p>[Not Applicable]</p>
<p>Family Maximum</p>	<p>Note: for 2023 NGF plans: [\$[0-18,200][Indexed Annually] per family]</p> <p>Note: for 2024 NGF plans: [\$[0-18,900][Indexed Annually] per family]</p> <p>Note: for GF or Exempt: [\$[0-30,000] per family]</p> <p>[Not Applicable]</p>	<p>[\$[0-30,000] per family]</p> <p>[Not Applicable]]</p>
<p>[Family Maximum Calculation</p> <p>Collective Deductible:</p> <p>All family members contribute towards the family deductible. An individual cannot have claims covered under the plan coinsurance until the total family deductible has been satisfied.]</p>		

<p>[Family Maximum Calculation Individual Calculation Family members meet only their individual deductible and then their claims will be covered under the plan coinsurance; if the family deductible has been met prior to their individual deductible being met, their claims will be paid at the plan coinsurance.]</p>		
<p>[Combined Medical/Pharmacy [Contract] [Calendar] Year</p>		
<p>Combined Medical/Pharmacy Deductible: includes retail [and home delivery] drugs</p> <p>[Home Delivery Pharmacy Costs Contribute to the Combined Medical/Pharmacy Deductible]</p>	<p>[No] [Yes]</p> <p>[No] [Yes]</p>	<p>[No] [Yes]</p> <p>[In-Network Coverage only] [No] [Yes]]</p>
<p>[RX cap contribution to the combined Medical/Pharmacy Deductible</p> <p>Note: Once the RX cap amount or the combined Medical/Pharmacy deductible has been met, the terms of the Pharmacy plan benefits are applicable.</p>	<p>[\$[0-900]</p>	<p>[In-Network Coverage only] \$[0-900]]</p>
<p>[Out-of-Pocket Maximum</p>		
<p>Individual [Individual –Employee Only] [Individual – within a Family] [Applies when Employee only is covered under the plan]</p>	<p>Note: for 2023 NGF plans: [\$[0-9,100] [Indexed Annually] per person] Note: for 2024 NGF plans: [\$[0-9,450][Indexed Annually] per person] Note: for GF or Exempt plans: [\$[0-30,000] per person] [Not Applicable]</p>	<p>[\$[0-90,000] per person] [Not Applicable]</p>

<p>Family Maximum</p>	<p>Note: for 2023 NGF plans: [\$[0-18,200][Indexed Annually] per family]</p> <p>Note: for 2024 NGF plans: [\$[0-18,900][Indexed Annually] per family]</p> <p>Note: for GF or Exempt plans: [\$[0-90,000] per family] [Not Applicable]</p>	<p>[\$[0-90,000] per family] [Not Applicable]]</p>
<p>[Family Maximum Calculation Collective Out-of-Pocket Maximum: All family members contribute towards the family Out-of-Pocket. An individual cannot have claims covered at 100% until the total family Out-of-Pocket has been satisfied.]</p>		
<p>[Family Maximum Calculation Individual Calculation: Family members meet only their individual Out-of-Pocket and then their claims will be covered at 100%; if the family Out-of-Pocket has been met prior to their individual Out-of-Pocket being met, their claims will be paid at 100%.]</p>		
<p>[Combined Medical/Pharmacy Out-of-Pocket Maximum</p>		
<p>Combined Medical/Cigna Pharmacy Out-of-Pocket: includes retail [and home delivery] drugs</p> <p>[Home Delivery Pharmacy Costs Contribute to the Combined Medical/Pharmacy Out-of-Pocket Maximum]</p>	<p>[No] [Yes]</p> <p>[No] [Yes]</p>	<p>[No] [Yes]</p> <p>[In-Network coverage only] [No] [Yes]]</p>

<p>[RX cap contribution to the combined Medical/Pharmacy Out-of-Pocket maximum</p> <p>Once the RX cap amount has been met or the total Out of Pocket maximum has been met, the terms of the Pharmacy plan benefits are applicable and subject to:</p> <p>Option 1: Pharmacy paid at 100% once the cap amount has been met.</p> <p>Option 2: Pharmacy continued to be paid at the Pharmacy Program levels (i.e. copay, coinsurance) [until Out of Pocket Maximum is met, then at 100%]</p>	<p>[\$0-30,000]</p>	<p>[In-Network coverage only] \$[0-30,000]]</p>
<p>Physician's Services</p>		
<p>Primary Care Physician's Office visit</p> <p>[Visit(s) 1-10]</p> <p>[Visits 2-Unlimited]</p> <p>[Visits 2- Unlimited]</p>	<p>[[\$0-100] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-100] per visit copay] [then] [50-100]%]</p>	<p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Specialty Care Physician's Office Visits</p> <p>Consultant and Referral Physician's Services</p> <p>[Visit(s) 1-10]</p> <p>[Visits 2-Unlimited]</p> <p>[Visits 2-Unlimited]</p> <p>[Note:</p> <p>OB/GYN providers will be considered [either as] a [PCP] [or] [Specialist] [depending on how the provider contracts with Cigna] [on an In-Network basis.] [Out-of-Network OB/GYN providers will be considered a Specialist.]]</p>	<p>[[\$0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-150] per visit copay] [then] [50-100]%]</p>	<p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

<p>Surgery Performed In the Physician's Office</p>	<p>[Primary Care Physician] [[\$[0-100] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0-100] per visit copay] [then] [50-100]%] [Specialty Care Physician] [[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[Primary Care Physician] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]] [Specialty Care Physician] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Second Opinion Consultations (provided on a voluntary basis)</p>	<p>[Primary Care Physician] [[\$[0-100] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0-100] per visit copay] [then] [50-100]%] [Specialty Care Physician] [[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[Primary Care Physician] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]] [Specialty Care Physician] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Allergy Treatment/Injections</p>	<p>[Primary Care Physician] [[\$[0-100] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0-100] per visit copay] [then] [50-100]%] [Specialty Care Physician] [[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p>	<p>[Primary Care Physician] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]] [Specialty Care Physician] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

	[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]	
Allergy Serum (dispensed by the Physician in the office)	[No charge] [Primary Care Physician [plan deductible] [then] [50-100]%] [Specialty Care Physician [[plan deductible] [then] [50-100]%]	[Primary Care Physician [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]] [Specialty Care Physician [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]
[Convenience Care Clinic [(includes any related [lab and x-ray services] [and] [surgery])] [Visit(s) 1-10] [Visits 2-Unlimited] [Visits 2- Unlimited]	Primary Care Physician [[\$[0-100] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0-100] per visit copay] [then] [50-100]%] [Specialty Care Physician [[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]	[In-Network coverage only] [Primary Care Physician [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]] [Specialty Care Physician [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]
[Lab and X-Ray] [Surgery]	[100%] [no deductible] [plan deductible applies] [same as surgery performed in a Primary Care Physician's office]	[plan deductible] [then] [30-80]% [same as surgery performed in a Primary Care Physician's office]

[Virtual Care]		
[Dedicated Virtual Providers] <i>Dedicated virtual care services may be provided by MDLIVE, a Cigna affiliate.</i>		
<p>Services available through contracted virtual providers as medically appropriate.]</p> <p>[Notes:</p> <ul style="list-style-type: none"> • Primary Care cost share applies to routine care. Virtual wellness screenings are payable under preventive care. • [MDLIVE Behavioral, please refer to the Mental Health and Substance Use Disorder section (below).] • Lab services supporting a virtual visit must be obtained through dedicated labs.] 		
<p>[Urgent Virtual Care Services] MDLIVE Urgent Care Services]</p> <p>Dedicated Primary Care Services][MDLIVE Primary Care Services]</p> <p>[Dedicated Specialty Care Services][MDLIVE Specialty Care Services]</p>	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p> <p>[[\$[0-100] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p> <p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[Not Applicable]]</p> <p>[In-Network Coverage Only]</p> <p>[Not Applicable]</p> <p>[In-Network Coverage Only]</p> <p>[Not Applicable]</p>

<p>[Virtual Physician Services [Includes [eConsultation] [Provider-to-Provider Consultation] services] Services available through physicians as medically appropriate.]</p> <p>Primary Care Physician Virtual Office Visit</p> <p>Specialty Care Physician Virtual Office Visit</p> <p>[Note: Physicians may deliver services virtually that are payable under other benefits (e.g., Preventive Care, Outpatient Therapy Services).]</p>	<p>[Virtual Primary Care Physician] [[\$[0-100] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0- 100] per visit copay] [then] [50- 100]%]</p> <p>[Virtual Specialty Care Physician] [[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0- 150] per visit copay] [then] [50- 100]%]</p>	<p>[In-Network Coverage Only] [Primary Care Physician] [plan deductible] [then] [30- 80]% [of the Maximum Reimbursable Charge]]</p> <p>[In-Network Coverage Only] [Specialty Care Physician] [[plan deductible] [then] [30- 80]% [of the Maximum Reimbursable Charge]]</p>
<p>[[eConsultation] [Provider-to-Provider Consultation] services]</p>	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0- 150] per visit copay] [then] [50- 100]%]</p>	<p>[In-Network coverage only] [[plan deductible] [then] [30- 80]% [of the Maximum Reimbursable Charge]]</p>

THE SCHEDULE

Preventive Care		[Unlimited] [\$250-\$2,000]*
	In-Network Benefits	Out of Network Benefits
<p>[Preventive Care]</p> <p>[Routine Preventive Care: Well-Baby, Well-Child, Adult and Well-Woman (including immunizations)]</p> <p>[Routine Preventive Care (for children through age 20)]</p> <p>[Routine Preventive Care (for ages 21 and over)]</p> <p>[Note: Well-Woman OB/GYN visits will be considered a Specialist visit.]</p> <p>[Note: OB/GYN providers will be considered [either as] a [PCP] [or] [Specialist] [depending on how the provider contracts with Cigna] [on an In-Network basis.] [Out-of-Network OB/GYN providers will be considered a Specialist.]]</p>	<p>[No charge]</p> <p>[Primary Care Physician]</p> <p>[[\$[0-100] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-100] per visit copay] [then] [50-100]%]</p> <p>[Specialty Care Physician]</p> <p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[Primary Care Physician]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p> <p>[Specialty Care Physician]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
Preventive X-ray and/or Lab Services	<p>[No Charge]</p> <p>[plan deductible] [then] [50-100]%</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

<p>Immunizations [for children through age 20) [for ages 21 and over)]</p>	<p>[No charge] [Primary Care Physician] [[\$[0-100] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0-100] per visit copay] [then] [50-100]%] [Specialty Care Physician] [[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only] [Primary Care Physician] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]] [Specialty Care Physician] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>[Note: OB/GYN providers will be considered [either as] a [PCP] [or] [Specialist] [depending on how the provider contracts with Cigna] [on an In-Network basis.] [Out-of-Network OB/GYN providers will be considered a Specialist.]]</p>		
<p>Physician's Office Visit</p>	<p>[No charge] [Primary Care Physician] [[\$[0-100] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0-100] per visit copay] [then] [50-100]%] [Specialty Care Physician] [[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only] [Primary Care Physician] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]] [Specialty Care Physician] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

<p>Immunizations</p>	<p>[No charge]</p> <p>[Primary Care Physician]</p> <p>[\$[0-100] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-100] per visit copay] [then] [50-100]%]</p> <p>[Specialty Care Physician]</p> <p>[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[Primary Care Physician]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[Specialty Care Physician]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Mammograms, PSA, PAP Smear</p>		
<p>Mammograms and PAP Smear</p> <p>Preventive Care Related Services (i.e. “routine” services)</p>	<p>[No Charge][100%] for the first mammogram and/or pap test per [Contract][Calendar] year. Additional mammograms and/or pap tests are subject to [50-100]% after plan deductible]</p> <p>[No Charge]</p> <p>[plan deductible] [then] [No charge]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[No charge][100%] for the first mammogram and/or pap test per [Contract][Calendar] year. Additional mammograms and/or pap tests are subject to [30-80]% after plan deductible]</p> <p>[No Charge]</p> <p>[plan deductible] [then] [No charge]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[Subject to the plan’s x-ray benefit & lab benefit; based on place of service]</p>
<p>Preventive Care Related Services (i.e. “routine” services)</p>	<p>[No Charge]</p> <p>Subject to the plan’s x-ray benefit & lab benefit; based on place of service</p>	<p>Subject to the plan’s x-ray benefit & lab benefit; based on place of service</p>

<p>[Diagnostic Related Services (i.e. “non-routine” services)</p>	<p>[No charge][100%] for the first mammogram and/or pap test per [Contract][Calendar] year. Additional mammograms and/or pap tests are subject to [50-100]% after plan deductible</p> <p>[No Charge]</p> <p>[plan deductible] [then] [No charge]</p> <p>[[plan deductible] [then] [50-100]% [if billed by an independent diagnostic facility or outpatient Hospital]]</p> <p>[plan deductible] [then] [50-100]%]</p> <p>[Payment will be made for all charges directly related to the mammogram and/or pap test.]</p>	<p>[No charge][100%] for the first mammogram and/or pap test per [Contract][Calendar] year. Additional mammograms and/or pap tests are subject to [30-80]% after plan deductible</p> <p>[No Charge]</p> <p>[plan deductible] [then] [No charge]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p>
<p>[Diagnostic Related Services (i.e. “non-routine” services)</p>	<p>Subject to the plan’s x-ray benefit & lab benefit; based on place of service</p>	<p>Subject to the plan’s x-ray benefit & lab benefit; based on place of service]</p>
	<p>[Note:</p> <p>The associated wellness exam will be covered at no charge after the \$[0-100] PCP or \$[0150] Specialist per visit copay]</p> <p>[Note:</p> <p>The associated wellness exam is subject to the \$[0-100] PCP or \$[0-150] Specialist per office visit copay]</p>	<p>[Note:</p> <p>The associated wellness exam is not covered]</p>
<p>PSA</p> <p>Preventive Care Related Services (i.e. “routine” services)</p>	<p>[No Charge]</p> <p>[plan deductible] [then] [No Charge]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[plan deductible] [then] [No charge]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[Subject to the plan’s x-ray benefit & lab benefit; based on place of service]</p>
<p>Preventive Care Related Services (i.e. “routine” services)</p>	<p>[No Charge]</p> <p>Subject to the plan’s x-ray benefit & lab benefit; based on place of service</p>	<p>Subject to the plan’s x-ray benefit & lab benefit; based on place of service</p>

<p>[Diagnostic Related Services (i.e. “non-routine” services)</p>	<p>[No Charge] [plan deductible] [then] [No charge] [[plan deductible] [then] [50-100]% [if billed by an independent diagnostic facility or outpatient Hospital]] [[plan deductible] [then] [50-100]%]</p>	<p>[plan deductible] [then] [No charge] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>[Diagnostic Related Services (i.e. “non-routine” services)</p>	<p>Subject to the plan’s x-ray benefit & lab benefit; based on place of service</p>	<p>Subject to the plan’s x-ray benefit & lab benefit; based on place of service</p>
	<p>[Note: The associated wellness exam will be covered at no charge after the \$[0-100] PCP or \$[0150] Specialist per visit copay] [Note: The associated wellness exam is subject to the \$[0-100] PCP or \$[0-150] Specialist per office visit copay]</p>	<p>[Note: The associated wellness exam is not covered]</p>
<p>[Women’s Surgical Sterilization Procedures (e.g., tubal ligation) [Excludes reversals]</p>		
<p>Physician’s Office Visits</p>	<p>Primary Care Physician [[\$[0-100] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0-100] per visit copay] [then] [50-100]%] [Specialty Care Physician] [[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only] [Primary Care Physician] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]] [Specialty Care Physician] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

<p>Inpatient Facility</p>	<p>[[\$[0-4,500] per admission copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$[0-4,500] per admission copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[\$[0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-4,500] per admission copay] [then] [No charge]]</p> <p>[[plan deductible] [then] [\$[0-4,500] per admission copay] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[[\$[0-9,000] per admission deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[\$[0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-9,000] per admission deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Outpatient Facility</p>	<p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-2,250] per visit deductible] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[[\$[0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Physician's Services</p>	<p>[No charge]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

[Other Services]		
[Supplemental services, such as other common laboratory panel tests, when provided during a preventive visit.] [Additional services eligible for Preventive designation as outlined in the Internal Revenue Code, section 223(c)(2)(C).]	[No charge] [plan deductible] [then] [50-100]%	[Primary Care Physician] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]] [Specialty Care Physician] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]
[Charges for the following items will be covered: Blood pressure monitor, retinopathy screening, peak flow meter, glucometer, hemoglobin A1c testing, International Normalized Ratio (INR) testing and Low-density Lipoprotein testing.]	[No charge] [plan deductible] [then] [50-100]%	[Primary Care Physician] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]] [Specialty Care Physician] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]
[Women's Family Planning]		
Office Visits, Lab and Radiology Tests, Counseling, Contraceptive Devices ordered by a Physician (e.g., Depo-Provera; Intrauterine Devices (IUDs); Diaphragms when services are provided in the physician's office).	[No charge] [100%] [plan deductible] [then] [50-100]%	[Primary Care Physician] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]] [Specialty Care Physician] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]
*Variables Applicable to plans Exempt from PPACA only. Cost Share applied to In Network Benefits Applicable to Exempt and Grandfathered Plans only.		

Inpatient Hospital		
Inpatient Hospital - Facility Services	<p>[[\$0-4,500] per admission copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$0-4,500] per admission copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[\$0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-4,500] per admission copay] [then] [No charge]]</p> <p>[[plan deductible] [then] [\$0-4,500] per admission copay] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [50-100]%]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[[\$0-9,000] per admission deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[\$0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-9,000] per admission deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
Semi-Private Room and Board	Limited to the semi-private negotiated rate	Limited to the semi-private room rate
Private Room	Limited to the semi-private negotiated rate	Limited to the semi-private room rate
Special Care Units (ICU/CCU)	Limited to the negotiated rate	Limited to the ICU/CCU daily room rate

Ambulatory Free Standing Surgical Centers [for][arthroscopy] [colonoscopy] [endoscopy]		
Facility	<p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-2,250] per visit copay] [then] [50-100]%]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[[\$[0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
Professional Services	<p>[No charge]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
Outpatient Facility Services Operating Room, Recovery Room, Procedures Room, Treatment Room and Observation Room [Note: The [facility copay] [facility deductible] [facility copay or facility deductible] will apply as long as services billed include one or more of the facility room charges listed above. [Note: Non-surgical treatment procedures are not subject to the [facility copay] [facility deductible] [facility copay or facility deductible].]	<p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-2,250] per visit deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[[\$[0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
Inpatient Hospital Physician's Visits/Consultations	<p>[[plan deductible] [then] [50-100]%]</p>	<p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

Inpatient Hospital Professional Services	[No charge [[plan deductible] [then] [50-100]%	[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]
[Surgeon Radiologist Pathologist Anesthesiologist	[No charge] [[plan deductible] [then] [50-100]%	[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]
Outpatient Professional Services	[No charge] [[plan deductible] [then] [50-100]%	[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]
[Surgeon Radiologist Pathologist Anesthesiologist	[[plan deductible] [then] [50-100]%	[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]
[Emergency Care] [and] [Urgent Care Services]		
Urgent Care Services		
Urgent Care Facility or Outpatient Facility	[No charge]	[No charge]
Outpatient Professional Services (radiology, pathology, and physician)	[[\$[0-750] per visit copay*] [then] [plan deductible] [then] [No charge] [(*Copay waived if admitted)]]	[[\$[0-750] per visit copay*] [then] [plan deductible] [then] [No charge] [(*Copay waived if admitted)]]
X-ray and/or Lab performed at the Urgent Care Facility (billed by the facility as part of the UC visit)	[[\$[0-750] per visit copay*] [then] [plan deductible] [then] [50-100]% [(*Copay waived if admitted)]] [[plan deductible] [then] [50- 750] per visit copay*] [then] [50-100]% [(*Copay waived if admitted)]] [[plan deductible] [then] [50- 100]%	[[\$[0-750] per visit copay*] [then] [plan deductible] [then] [50-100]% [of the Maximum Reimbursable Charge] [(*Copay waived if admitted)]] [[plan deductible] [then] [50-750] per visit copay*] [then] [50-100]% [of the Maximum Reimbursable Charge] [(*Copay waived if admitted)]] [[plan deductible] [then] [50- 100]% [of the Maximum Reimbursable Charge]]

<p>Advanced Radiological Imaging (i.e., MRIs, MRAs, CAT Scans, PET Scans, etc.) The scan copay/deductible applies per type of scan per day</p>	<p>[[\$[0-1,000] per scan copay] [then] [No charge]] [[\$[0-1,000] per scan copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0-1,000] per scan copay] [then] [50-100]%] [[plan deductible] [then] [50-100]%] All Scan Maximums shown under Advanced Radiological Imaging MRI Per Scan Maximum apply</p>	<p>[[\$[0-1,000] per scan copay] [then] [No charge]] [[\$[0-1,000] per scan copay] [then] [plan deductible] [then] [50-100]% [of the Maximum Reimbursable Charge]] [[plan deductible] [then] [\$[0-1,000] per scan copay] [then] [50-100]% [of the Maximum Reimbursable Charge]] [[plan deductible] [then] [50-100]% [of the Maximum Reimbursable Charge]]</p>
<p>Emergency Services Hospital Emergency Room Outpatient Professional Services (radiology, pathology, and ER physician) X-ray and/or Lab performed at the Emergency Room (billed by the facility as part of the ER visit) Independent x-ray and/or Lab Facility in conjunction with an ER visit</p>	<p>[No charge] [[\$[0-750] per visit copay*] [then] [plan deductible] [then] [No charge] [(**Copay waived if admitted))] [[\$[0-750] per visit copay*] [then] [plan deductible] [then] [50-100]% [(**Copay waived if admitted))] [[plan deductible] [then] [\$[0-750] per visit copay*] [then] [50-100]% [(**Copay waived if admitted))] [[plan deductible] [then] [50-100]%</p>	<p>[No charge] [[\$[0-750] per visit copay*] [then] [plan deductible] [then] [No charge] [(**Copay waived if admitted))] [[\$[0-750] per visit copay*] [then] [plan deductible] [then] [50-100]% [of the Maximum Reimbursable Charge] [(**Copay waived if admitted))] [[plan deductible] [then] [\$[0-750] per visit copay*] [then] [50-100]% [of the Maximum Reimbursable Charge] [(**Copay waived if admitted))] [[plan deductible] [then] [50-100]% [of the Maximum Reimbursable Charge]]</p>
<p>Advanced Radiological Imaging (i.e., MRIs, MRAs, CAT Scans, PET Scans, etc.) The scan copay/deductible applies per type of scan per day</p>	<p>[[\$[0-1,000] per scan copay] [then] [No charge]] [[\$[0-1,000] per scan copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0-1,000] per scan copay] [then] [50-100]%] [[plan deductible] [then] [50-100]%]</p>	<p>[[\$[0-1,000] per scan copay] [then] [No charge]] [[\$[0-1,000] per scan copay] [then] [plan deductible] [then] [50-100]% [of the Maximum Reimbursable Charge]] [[plan deductible] [then] [\$[0-1,000] per scan copay] [then] [50-100]% [of the Maximum Reimbursable Charge]]</p>

	All Scan Maximums shown under Advanced Radiological Imaging MRI Per Scan Maximum apply	[[plan deductible] [then] [50-100]% [of the Maximum Reimbursable Charge]]
Air Ambulance [Maximum not to exceed \$750-75,000] [**][per][year][day][visit][trip]	[No charge]**] [\$[50-5,000] [per day][per trip] copay then[50-100]%] [[plan deductible] [then] [50-100]%] [** If not a true emergency, services are not covered]	[No charge]**] [\$[50-5,000] [per day][per trip] [copay] [then] [50-100]% [of the Maximum Reimbursable Charge]] [[plan deductible] [then] [50-100]% [of the Maximum Reimbursable Charge]] [** If not a true emergency, services are not covered]
Ambulance [Maximum not to exceed \$750-75,000] [**][per][year][day][visit][trip]	[No charge]**] [\$[50-5,000] [per day][per trip] copay then[50-100]%] [[plan deductible] [then] [50-100]%] [** If not a true emergency, services are not covered]	[No charge]**] [\$[50-5,000] [per day][per trip] [copay] [then] [50-100]% [of the Maximum Reimbursable Charge]] [[plan deductible] [then] [50-100]% [of the Maximum Reimbursable Charge]]
Inpatient Services at Other Health Care Facilities Includes Skilled Nursing Facility, Rehabilitation Hospital and Sub-Acute Facilities [Contract] [Calendar] Year Maximum: [[3-Unlimited] days combined] [[3-Unlimited] days for Skilled Nursing Facility; [30-Unlimited] days for Rehabilitation Hospital; [30-Unlimited] days for Sub-Acute Facilities] [No prior hospitalization required]	[\$[0-4,500] per day copay] [then] [No charge]] [[\$[0-4,500] per day copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0-4,500] per day copay] [then] [50-100]%] [[plan deductible] [then] [50-100]%]	[In-Network coverage only] [[\$[0-9,000] per day deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]] [[plan deductible] [then] [\$[0-9,000] per day deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]

[Other Laboratory[[and] Radiology Services:]		
Laboratory Services in a Physician’s Office Visit [Visit(s) 1-10] [Visits 2-Unlimited] [Visits 2- Unlimited]	[Primary Care Physician] [[\$[0-100] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0-100] per visit copay] [then] [50-100]%] [Specialty Care Physician] [[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]	[Primary Care Physician] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]] [Specialty Care Physician] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]
Laboratory Services in an Outpatient Facility [Tier 1] [Tier 2 -] [Tier 3- Out of Network]	[[plan deductible] [then] [50-100]% for facility charges] [[plan deductible] [then] [50-100]% for outpatient professional charges] [[plan deductible] [then] [50-100]%]	[In-Network coverage only] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]
Laboratory Services at an Independent Lab facility [Tier 1][National Lab] [Tier 2][Other Cigna Participating Lab] [Tier 3][Out of Network]	[No charge] [[plan deductible] [then] [50-100]%]	[In-Network coverage only] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]

<p>Radiology Services in a Physician's Office Visit</p> <p>[Visit(s) 1-10]</p> <p>[Visits 2-Unlimited]</p> <p>[Visits 2- Unlimited]</p>	<p>[Primary Care Physician]</p> <p>[[\$0-100] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-100] per visit copay] [then] [50-100]%]</p> <p>[Specialty Care Physician]</p> <p>[[\$0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-150] per visit copay] [then] [50-100]%]</p>	<p>[Primary Care Physician]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[Specialty Care Physician]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Radiology Services at an Outpatient Facility</p> <p>[Tier 1]</p> <p>[Tier 2 -]</p> <p>[Tier 3- Out of Network]</p>	<p>[[plan deductible] [then] [50-100]% for facility charges]</p> <p>[[plan deductible] [then] [50-100]% for outpatient professional charges]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Advanced Radiological Imaging (i.e. MRIs, MRAs, CAT Scans and PET Scans [and Nuclear Medicine])</p> <p>[The scan copay/deductible applies per type of scan per day]</p> <p>[MRI and CAT Per Scan Maximums Apply Regardless of Place of Service]</p>		
<p>[MRI][MRA][CAT][PET] Per Scan Maximum]</p> <p>[Head]</p> <p>[Leg]</p> <p>[Arm]</p> <p>[Abdomen]</p> <p>[Abdomen/Chest]</p> <p>[Head/Neck/Face]</p> <p>[Body Part]</p> <p>[Each Other Body Part]</p>	<p>[\$50-30,000]</p> <p>[\$50-30,000]</p> <p>[\$50-30,000]</p> <p>[\$50-30,000]</p> <p>[\$50-30,000]</p> <p>[\$50-30,000]</p> <p>[\$50-30,000]</p> <p>[\$50-30,000]</p>	<p>[\$50-30,000]</p> <p>[\$50-30,000]</p> <p>[\$50-30,000]</p> <p>[\$50-30,000]</p> <p>[\$50-30,000]</p> <p>[\$50-30,000]</p> <p>[\$50-30,000]</p> <p>[\$50-30,000]</p>
<p>Physician's Office Visit</p> <p>[MRI][CAT][PET][All other Scans]</p>	<p>[\$[0-1,000] per scan copay] [then] [No charge]]</p>	<p>[\$[0-1,000] per scan deductible] then [plan deductible] [then] [30-80]% [of</p>

	<p>[[\$[0-500] per scan copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%</p> <p>[Primary Care Physician]</p> <p>[[\$[0-500] per scan copay] [then] [\$[0-100] per office visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-500] per scan copay] [then] [\$[0-100] per office visit copay] [then] [50-100]%]</p> <p>[Specialty Care Physician]</p> <p>[[\$[0-500] per scan copay] [then] [\$[0-150] per office visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-500] per scan copay] [then] [\$[0-150] per office visit copay] [then] [50-100]%]</p>	<p>the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-1,000] per scan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p> <p>[Primary Care Physician]</p> <p>[[\$[0-1,000] per scan copay] [then] [plan deductible] [then] [50-100]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-1,000] per scan copay] [then] [50-100]% [of the Maximum Reimbursable Charge]]</p> <p>[Specialty Care Physician]</p> <p>[[\$[0-1,000] per scan copay] [then] [plan deductible] [then] [50-100]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-1,000] per scan copay] [then] [50-100]% [of the Maximum Reimbursable Charge]]</p>
<p>Inpatient Facility</p>	<p>[[\$[0-4,500] per admission copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$[0-4,500] per admission copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[\$[0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-4,500] per admission copay] [then] [No charge]]</p> <p>[[plan deductible] [then] [\$[0-4,500] per admission copay] [then] [50-100]%]</p>	<p>[[\$[0-9,000] per admission deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[\$[0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-9,000] per admission deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

	<p>[[plan deductible] [then] [\${0-1,500} per day copay] [up to [3-Unlimited] copays] [per admission] [then] [50-100]%]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[[plan deductible] [then] [\${0-3,000} per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Outpatient Facility [MRI][CAT][PET][All other Scans]</p>	<p>[[\${0-1,000} per scan copay] [then] [plan deductible] [then] [No charge]]</p> <p>[plan deductible] [then] [No charge]</p> <p>[[\${0-500} per scan copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\${0-500} per scan copay] [then] [50-100]%]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[[\${0-1,000} per scan deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\${0-1,000} per scan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>[[Habilitative Services]</p> <p>[[Contract] [Calendar] Year Maximum:</p> <p>[[20-Unlimited] [visits] [days]] [\${1,000-Unlimited}] for all therapies combined]</p> <p>[In-Network [Contract] [Calendar] Year Maximum:</p> <p>[[20-Unlimited] [visits] [days]] [\${1,000-Unlimited}] for all therapies combined]</p> <p>[Out-of-Network [Contract] [Calendar] Year Maximum:</p> <p>[[20-Unlimited] [visits] [days]] [\${1,000-Unlimited}] for all therapies combined]</p>	<p>[Primary Care Physician]</p> <p>[[\${0-100} per office visit copay] [but not less than \$[20-150]] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\${0-100} per office visit copay] [but not less than \$[20-150]] [then] [50-100]%]</p> <p>[Specialty Care Physician]</p> <p>[[\${0-\$150} [per office visit copay] [but not less than \$[20-150]] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\${0-\$150} per office visit copay] [but not less than \$[20-150]] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[Primary Care Physician]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[Specialty Care Physician]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

<p>[Outpatient Therapy [and Chiropractic Services][Care]][and Habilitative Services]</p> <p>[[Contract] [Calendar] Year Maximum:</p> <p>[[20-Unlimited] [visits] [days]] [[\$1,000-Unlimited]] [for all therapies combined]] [(The limit is not applicable to mental health conditions.)]</p> <p>[[20-Unlimited] [visits] [days]] [[\$1,000-Unlimited] [including] [for][Physical], [Speech] [and][Occupational] Therapies for treatment of [Autism][and][developmental delays][and][learning disabilities]] [(The limit is not applicable to mental health conditions.)]</p> <p>[In-Network [Contract] [Calendar] Year Maximum:</p> <p>[[20-Unlimited] [visits] [days]] [[\$1,000-Unlimited]] [for all therapies combined]] [(The limit is not applicable to mental health conditions.)]</p> <p>[Out-of-Network [Contract] [Calendar] Year Maximum:</p> <p>[[20-Unlimited] [visits] [days]] [[\$1,000-Unlimited]] [for all therapies combined]] [(The limit is not applicable to mental health conditions.)]</p>	<p>[Primary Care Physician]</p> <p>[[\$0-100] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [[\$0-100] per visit copay] [then] [50-100]%]</p> <p>[Specialty Care Physician]</p> <p>[[\$0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [[\$0-150] per visit copay] [then] [50-100]%]</p> <p>[Note:</p> <p>The Outpatient Short Term Rehab copay [does not apply to services provided as part of a Home Health Care Services visit] [applies, regardless of place of service, including the home].]</p>	<p>[In-Network coverage only]</p> <p>[Primary Care Physician]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p> <p>[Specialty Care Physician]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p>
---	--	---

<p>Includes:</p> <p>[Cardiac Rehab] [Physical Therapy] [Speech Therapy] [Hearing Therapy] [Occupational Therapy] [Pulmonary Rehab] [Cognitive Therapy] [Chiropractic [Therapy][Care] (includes Chiropractors)]</p> <p>[Physical Therapy, Speech Therapy and Occupational Therapy will not be subject to a [Contract] [Calendar] year maximum for children with a congenital or genetic birth defect (including autism)]</p> <p>[Note: Coverage review for [Chiropractic Care], [Physical Therapy], [Occupational Therapy], [Speech Therapy] begins after [0 – 100] visits per condition]</p> <p><i>or</i></p> <p>[Note: There is no coverage review for [Chiropractic Care], [Physical Therapy], [Occupational Therapy], [Speech Therapy]</p> <p>[Note: The Outpatient Therapy maximum does not apply to the treatment of autism.]</p>		
<p>[Outpatient Therapy for the treatment of Autism</p>	<p>[[plan deductible] [then] [\$[0- 150] per visit copay] [then] [50- 100]%]</p>	<p>[[plan deductible] [then] [30- 80]% [of the Maximum Reimbursable Charge]]</p>

[Outpatient Therapy Services		
<p>[[Physical Therapy] [Speech Therapy] [Hearing Therapy] [Occupational Therapy] [Pulmonary Rehab] [and] [Cognitive Therapy]]</p> <p>[[Contract] [Calendar] Year Maximum: [[20-Unlimited] [visits] [days]] [\$1,000-Unlimited] [for all therapies combined]]</p> <p>[[20-Unlimited] [visits] [days]] [\$1,000-Unlimited] [for Physical, Speech and Occupational Therapies for treatment of [Autism][and][developmental delays][and][learning disabilities]]</p> <p>[Physical Therapy, Speech Therapy and Occupational Therapy will not be subject to a [Contract] [Calendar] year maximum for children under age 21 with a congenital or genetic birth defect (including autism).] [The age limit does not apply to treatment for autism.]</p> <p>[Note: Coverage review for, [Physical Therapy], [Occupational Therapy], [Speech Therapy] begins after [0 – 100] visits per condition]</p> <p><i>or</i></p> <p>[Note: There is no coverage review for [Physical Therapy], [Occupational Therapy], [Speech Therapy]</p> <p>[Note: The Outpatient Therapy maximum does not apply to the treatment of autism.]</p>	<p>[Primary Care Physician] [[\$[0-100] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0- 100] per visit copay] [then] [50- 100]%]</p> <p>[Specialty Care Physician] [[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0- 150] per visit copay] [then] [50- 100]%]</p>	<p>[In-Network coverage only]</p> <p>[Primary Care Physician] [[plan deductible] [then] [30- 80]% [of the Maximum Reimbursable Charge]]</p> <p>[Specialty Care Physician] [[plan deductible] [then] [30- 80]% [of the Maximum Reimbursable Charge]]</p>

<p>[Outpatient Cardiac Rehabilitation]</p> <p>[Contract] [Calendar] Year Maximum: [36-Unlimited] days</p>	<p>[Specialty Care Physician]</p> <p>[[\$[0-150] per office visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-\$150] per office visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[Specialty Care Physician]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>[[Self-Referral] Chiropractic Care Services]</p> <p>[[Contract] [Calendar] Year Maximum: [12-Unlimited] [visits] [days] [visits or days] [consecutive days per condition] [\$[500-Unlimited]] Physician's Office Visit [Note: Coverage review for Chiropractic Care begins after [0 – 100] visits] <i>or</i> [Note: There is no coverage review for Chiropractic Care]</p>	<p>[Primary Care Physician]</p> <p>[[\$[0-100] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-100] per visit copay] [then] [50-100]%]</p> <p>[Specialty Care Physician]</p> <p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[Primary Care Physician]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[Specialty Care Physician]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

<p>[Home Health Care Services</p> <p>[[Contract] [Calendar] Year Maximum:</p> <p>[40-Unlimited] [days] [visits] (includes outpatient private nursing when approved as medically necessary)) [The limit is not applicable to Mental Health and Substance Use Disorder conditions.]</p> <p>[In-Network [Contract] [Calendar] Year Maximum:</p> <p>[40-Unlimited] [days] [visits] (includes outpatient private nursing when approved as medically necessary) [Administration of [Medical Specialty Drugs] [Medical Pharmaceuticals] is [40-Unlimited] [days] [visits]] [The limit is not applicable to Mental Health and Substance Use Disorder conditions.]</p> <p>Out-of-Network [Contract] [Calendar] Year Maximum:</p> <p>[40-Unlimited] [days] [visits] (reduced by any In-Network [days] [visits]; includes outpatient private nursing when approved as medically necessary)) [Administration of [Medical Specialty Drugs] [Medical Pharmaceuticals] is [40-Unlimited] [days] [visits]] [The limit is not applicable to Mental Health and Substance Use Disorder conditions.]</p> <p>[Dialysis services in the home setting do not accumulate to the Home Health Care maximum.]</p>	<p>[plan deductible] [then] [No charge]</p> <p>[[\$[0-150]] [per visit copay] [per day copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-150]] [per visit copay] [per day copay] [then] [50-100]%]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>[Hospice</p> <p>Inpatient Services</p> <p>[180-Unlimited][days][visits][per Lifetime]</p>	<p>[plan deductible] [then] [No charge]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

<p>Outpatient Services (same coinsurance level as Home Health Care Services)</p> <p>[[3-Unlimited] [days][visits] per[Contract] [Calendar] Year</p>	<p>[plan deductible] [then] [No charge]</p> <p>[[\$[0-150]] [per visit copay] [per day copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-150]] [per visit copay] [per day copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>[Lifetime Maximum: \$[5,000-Unlimited]]</p>		
<p>Bereavement Counseling</p> <p>Services Provided as part of Hospice Care</p>		
<p>Inpatient</p>	<p>[plan deductible] [then] [No charge]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Outpatient</p>	<p>[plan deductible] [then] [No charge]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>[Services Provided by Mental Health Professional</p>	<p>Covered under Mental Health benefit</p>	<p>[In-Network coverage only]</p> <p>[Covered under Mental Health benefit]</p>
<p>Gene Therapy</p> <p>Includes prior authorized gene therapy products and services directly related to their administration, when Medically Necessary.</p> <p>[Gene therapy must be received at an In-Network facility specifically contracted with Cigna to provide the specific gene therapy. Gene therapy at other In-Network facilities is not covered.]</p>		
<p>Gene Therapy Product</p>	<p>[Covered same as Medical Pharmaceuticals]</p> <p>[Subject to In-Network facility cost share based on place of service; separate from facility charges]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[Covered same as Medical Pharmaceuticals]</p> <p>[Subject to Out-of-Network facility cost share based on place of service; separate from facility charges]</p>

<p>Inpatient Hospital - Facility Services</p>	<p>[[\$[0-4,500] per admission copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$[0-4,500] per admission copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[\$[0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-4,500] per admission copay] [then] [No charge]]</p> <p>[[plan deductible] [then] [\$[0-4,500] per admission copay] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Inpatient Hospital Professional Services</p>	<p>[No charge]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

<p>Outpatient Facility Services Operating Room, Recovery Room, Procedures Room, Treatment Room and Observation Room</p> <p>[Note: The [facility copay] [facility deductible] [facility copay or facility deductible] will apply as long as services billed include one or more of the facility room charges listed above.]</p> <p>[Note: Non-surgical treatment procedures are not subject to the [facility copay] [facility deductible] [facility copay or facility deductible].]</p>	<p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-2,250] per visit deductible] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Outpatient Professional Services</p>	<p>[No charge]</p> <p>[plan deductible] [then] [50-100]%</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>[Gene Therapy Travel Maximum \$10,000 per episode of gene therapy</p>	<p>[plan deductible then 100%] [100%]</p> <p>(available only for travel when prior authorized to receive gene therapy at a participating InNetwork facility specifically contracted with Cigna to provide the specific gene therapy)</p>	<p>In-Network coverage only</p>
<p>Advanced Cellular Therapy Includes prior authorized advanced cellular therapy products and related services when Medically Necessary. [Advanced cellular therapy is only covered when received at a provider contracted with Cigna for the specific advanced cellular therapy product and related services.]</p>		
<p>Advanced Cellular Therapy Product</p>	<p>[Covered same as Medical Pharmaceuticals]</p> <p>[plan deductible] [then] [50-100]%</p>	<p>[In-Network coverage only]</p> <p>[Covered same as Medical Pharmaceuticals]</p> <p>[[plan deductible] [then] [30-80]%]</p>

<p>Inpatient Facility</p>	<p>[[\$0-4,500] per admission copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$0-4,500] per admission copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[\$0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-4,500] per admission copay] [then] [No charge]]</p> <p>[[plan deductible] [then] [\$0-4,500] per admission copay] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[\$0-9,000] per admission deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[\$0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-9,000] per admission deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Outpatient Facility</p>	<p>[[\$0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-2,250] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[\$0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Inpatient Professional Services</p>	<p>[No charge]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p>
<p>Surgeon</p>	<p>[Plan deductible][then] 50-100%]</p>	<p>[In-Network coverage only]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p>

Radiologist, Pathologist Anesthesiologist	[Plan deductible][then][50-100%]	[In-Network coverage only] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]
Outpatient Professional Services	[No charge] [plan deductible] [then] [50-100]%	[In-Network coverage only] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]
Surgeon	[Plan deductible][then] 50-100%]	[In-Network coverage only] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]
Radiologist, Pathologist Anesthesiologist	[Plan deductible][then][50-100%]	[In-Network coverage only] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]
Advanced Cellular Therapy Travel Maximum: [\$0 - \$100,00] per episode of advanced cellular therapy (Available only for travel when prior authorized to receive advanced cellular therapy from a provider located more than [0-100] miles of your primary residence and is contracted with Cigna for the specific advanced cellular therapy product and related services.)	[plan deductible then 100%] [100%]	[In-Network coverage only] [Not Applicable]

[Condition-Specific Care		
<p>Includes select Medically Necessary preauthorized services, supplies, and/or surgical procedures, subject to program participation requirements.</p> <p>Charges for covered expenses not preauthorized as included in the program are payable subject to applicable copayments, coinsurance, and deductible if any.</p> <p>If you choose to not actively enroll in the program, do not complete the program participation requirements, or utilize a provider who is not designated for the program, charges for covered expenses are payable subject to applicable copayments, coinsurance, and deductible if any.</p>	[plan deductible] [then] [50-100]%	[In-Network coverage only] [Not Applicable]
<p>[Condition-Specific Care Travel Maximum</p> <p>[\$0 - 10,000] per procedure</p> <p>[Approved travel amount is variable, up to the travel maximum per procedure, based on factors such as a patient's treatment plan, location and duration of facility stay; and subject to program participation requirements.]]</p>	[plan deductible] [then] [50-100]%	[Not Applicable] [In-Network coverage only]
[Medical Specialty Drugs][Medical Pharmaceuticals]		
Inpatient Facility	[[plan deductible] [then] [50-100]%	[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]
Outpatient Facility	[[plan deductible] [then] [50-100]%	[In-Network coverage only] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]

Physician's Office	[[plan deductible] [then] 50-100]%]	[In-Network coverage only] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]
Home Setting	[[plan deductible] [then] [50-100]%]	[In-Network coverage only] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]
[Medical Pharmaceuticals] - [Cigna Pathwell Specialty Medical Pharmaceuticals]		
[Inpatient Facility	[plan deductible] [then] [50-100]%]	[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]
[Cigna Pathwell Specialty Medical Pharmaceuticals	<p>[Cigna Pathwell Specialty Network provider: [[\$[0-300] copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[Non-Cigna Pathwell Specialty Network Providers: Not Covered]</p> <p>[Cigna Pathwell Specialty Network provider [[plan deductible] [then] [\$[0-300] copay] [then] [50-100]%]</p> <p>[Non-Cigna Pathwell Specialty Network Providers Not Covered]</p> <p>[[plan deductible] [then] [50-100]%]</p> <p>[[\$[0-300] copay] [then] [plan deductible] [then] [50-100]%] at Cigna Pathwell Specialty Network provider, otherwise] [[\$[0-300] copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-300] copay] [then] [50-100]%] at Cigna Pathwell Specialty Network provider, otherwise] [[plan deductible] [then] [\$[0-300] copay] [then] [50-100]%]</p>	[In-Network coverage only] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]

<p>[Other Medical Pharmaceuticals]</p>	<p>[[\$[0-300] copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-300] copay] [then] [50-100]%]</p> <p>[[plan deductible] [then] [50-100]%]]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Maternity Care Services</p>		
<p>Initial Visit to Confirm Pregnancy</p> <p>[Note: OB/GYN providers will be considered [either as] a [PCP] [or] [Specialist] [depending on how the provider contracts with Cigna] [on an In-Network basis.] [Out-of-Network OB/GYN providers will be considered a Specialist.]]</p>	<p>[Primary Care Physician]</p> <p>[[\$[0-100] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-100] per visit copay] [then] [50-100]%]</p> <p>[Specialty Care Physician]</p> <p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[Primary Care Physician]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[Specialty Care Physician]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>All subsequent Prenatal Visits, Postnatal Visits and Physician’s Delivery Charges (i.e. global maternity fee)</p>	<p>[No charge]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p>
<p>Physician’s Office Visits in addition to the global maternity fee when performed by an OB/GYN or Specialist</p>	<p>[Primary Care Physician]</p> <p>[[\$[0-100] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-100] per visit copay] [then] [50-100]%]</p> <p>[Specialty Care Physician]</p> <p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[Primary Care Physician]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p> <p>[Specialty Care Physician]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

<p>Delivery - Facility (Inpatient Hospital, Birthing Center)</p>	<p>[[\$0-4,500] per admission copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$0-4,500] per admission copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[\$0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-4,500] per admission copay] [then] [No charge]]</p> <p>[[plan deductible] [then] [\$0-4,500] per admission copay] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [50-100]%]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[[[\$0-9,000] per admission deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[[\$0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-9,000] per admission deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>[Abortion] Includes [elective and] non-elective procedures</p>		
<p>Physician's Office Visit</p>	<p>[Primary Care Physician]</p> <p>[[\$0-100] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-100] per visit copay] [then] [50-100]%]</p> <p>[Specialty Care Physician]</p> <p>[[\$0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-150] per visit copay] [then] [50-100]%]</p>	<p>[Primary Care Physician]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[Specialty Care Physician]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

<p>Inpatient Facility</p>	<p>[[\$[0-4,500] per admission copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$[0-4,500] per admission copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[\$[0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-4,500] per admission copay] [then] [No charge]]</p> <p>[[plan deductible] [then] [\$[0-4,500] per admission copay] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[[\$[0-9,000] per admission deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[\$[0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-9,000] per admission deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Outpatient Facility</p>	<p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-2,250] per visit deductible] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[[\$[0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Physician's Services</p>	<p>[plan deductible] [then] [No charge]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

[Men's Family Planning Services]		
Office Visits, Lab and Radiology Tests and Counseling		
Physician's Office Visit	<p>[Primary Care Physician]</p> <p>[[\$[0-100] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-100] per visit copay] [then] [50-100]%]</p> <p>[Specialty Care Physician]</p> <p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[Primary Care Physician]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p> <p>[Specialty Care Physician]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p>
[Surgical Sterilization Procedures for Vasectomy [(excludes reversals)]		
Physician's Office Visit	<p>[Primary Care Physician]</p> <p>[[\$[0-100] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-100] per visit copay] [then] [50-100]%]</p> <p>[Specialty Care Physician]</p> <p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[Primary Care Physician]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p> <p>[Specialty Care Physician]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p>

<p>Inpatient Facility</p>	<p>[[\$0-4,500] per admission copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$0-4,500] per admission copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[\$0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-4,500] per admission copay] [then] [No charge]]</p> <p>[[plan deductible] [then] [\$0-4,500] per admission copay] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[\$0-9,000] per admission deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[\$0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-9,000] per admission deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission][then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p>
<p>Outpatient Facility</p>	<p>[[\$0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$0-2,250] per visit deductible] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[\$0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible]] [then] [\$0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p>
<p>Physician's Services</p> <p>[Inpatient Professional Services]</p> <p>[Outpatient Professional Services]</p>	<p>[plan deductible] [then] [No charge]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

<p>[Infertility Treatment]</p> <p>Testing and treatment for Infertility.</p> <p>Note: Medically Necessary treatment of an underlying medical condition is covered as any other illness under the plan.</p>	<p>Not Covered</p>	<p>Not Covered]</p>
<p>[Infertility Services] [Fertility and Conception Services]</p> <p>Coverage will be provided for the following services:</p> <ul style="list-style-type: none"> • Testing and treatment services performed in connection with an underlying medical condition. • Testing performed specifically to determine the cause of infertility. • Treatment and/or procedures performed specifically to restore fertility (e.g. procedures to correct an infertility condition). • [Treatment and/or procedures performed specifically to enable conception regardless of an infertility condition.] • [Artificial Insemination] [/] [intrauterine insemination] [regardless of an infertility condition]. [Invitro], [GIFT], [ZIFT][, etc.] • [Fertility preservation [when an infertility condition is imminent]] • [Access to reproductive services for the purpose of pre-implantation genetic testing and embryo selection when parent(s), though fertile, are known carriers of genes associated with birth defects.] <p>[Services Not Covered include:]</p> <ul style="list-style-type: none"> • [In-vitro], [GIFT], [ZIFT][, etc.] <p>[Surgical Treatment: Limited to procedures for the correction of infertility.]</p>		
<p>[Infertility Treatment Per Procedure Per Person Per Lifetime Maximums]</p>		
<p>[Artificial Insemination]</p>	<p>[\$500-100,000]</p>	<p>[\$500-100,000]</p>
<p>[GIFT]</p>	<p>[\$500-100,000]</p>	<p>[\$500-100,000]</p>
<p>[ZIFT]</p>	<p>[\$500-100,000]</p>	<p>[\$500-100,000]</p>
<p>[In Vitro]]</p>	<p>[\$500-100,000]</p>	<p>[\$500-100,000]]</p>

<p>Physician's Office Visit (including Lab and Radiology Tests, Counseling) [Visit(s) 1-10] [Visits 2-Unlimited] [Visits 2- Unlimited]</p>	<p>[Primary Care Physician] [[\$[0-100] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0- 100] per visit copay] [then] [50-100]%] [Specialty Care Physician] [[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0- 150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only] [Primary Care Physician] [[plan deductible] [then] [30- 80]% [of the Maximum Reimbursable Charge]] [Specialty Care Physician] [[plan deductible] [then] [30- 80]% [of the Maximum Reimbursable Charge]]</p>
<p>[Surgical Procedure Copay] [Visit(s) 1-10] [Visits 2-Unlimited] [Visits 2- Unlimited]</p>	<p>[[plan deductible] [then] [\$[0- 750] Surgical Copay]] [[plan deductible] [then] [50- 100]%]</p>	<p>[In-Network coverage only] [[plan deductible] [then] [30- 80]% [of the Maximum Reimbursable Charge]]</p>

<p>Inpatient Facility</p>	<p>[[\$0-4,500] per admission copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$0-4,500] per admission copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[\$0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-4,500] per admission copay] [then] [No charge]]</p> <p>[[plan deductible] [then] [\$0-4,500] per admission copay] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [50-100]%]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[\$0-9,000] per admission deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[\$0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-9,000] per admission deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission][then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Outpatient Facility</p>	<p>[[\$0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-2,250] per visit deductible] [then] [50-100]%] [plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[\$0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p>
<p>Physician's Services</p>	<p>[plan deductible] [then] [No charge]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p>

<p>[Cycle Maximum – [Intrauterine Insemination] [and] [Artificial Insemination] [1 – 25] [unlimited] cycles]]</p> <p>[Cycle Maximum – In Vitro [1-25] [unlimited] retrieval cycles] [1-25] [unlimited] transfer cycles]]</p> <p>[Cryopreserved Reproductive Material Storage Maximum [1 - 99 years]]</p>		
<p>[Lifetime Maximum: [\$100-1,000,000] [per member] [Unlimited]</p> <p>Includes all related services billed with an infertility diagnosis (i.e. x-ray or lab services billed by an independent facility).]</p> <p>In-network and out-of-network services accumulate to the maximum.]</p>		
<p>[[Organ Transplants][Transplant Services and Related Specialty Care]</p> <p>Includes all medically appropriate, non-experimental transplants</p>		
<p>Physician’s Office Visit</p>	<p>[Primary Care Physician] [[\$0-100] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-100] per visit copay] [then] [50-100]%]</p> <p>[Specialty Care Physician] [[\$0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only] [Primary Care Physician] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p> <p>[Specialty Care Physician] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p>

<p>Inpatient Facility</p>	<p>[Cigna LifeSOURCE Facilities]</p> <p>[[\$0-4,500] per admission copay] [then] [100% at LifeSOURCE center, otherwise] [\$0-4,500] per admission copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[\$0-4,500] per admission copay] [then] [100% at LifeSOURCE center, otherwise] [plan deductible] [then] [\$0-4,500] per admission copay] [then] [50-100]%]</p> <p>[[plan deductible] [then] [100% at LifeSOURCE center, otherwise] [plan deductible] [then] [50-100]%]</p> <p>[[\$0-4,500] per admission copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-4,500] per admission copay] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p> <p>[Non-Cigna LifeSOURCE Facilities Not Covered]</p>	<p>[In-Network coverage only]</p> <p>[[\$0-9,000] per admission deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge] up to transplant maximum]</p> <p>[[plan deductible] [then] [\$0-9,000] per admission deductible] [then] [30-80]% [of the Maximum Reimbursable Charge] up to transplant maximum]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge] up to transplant maximum]</p>
---------------------------	---	---

<p>Inpatient Professional Services</p>	<p>[Cigna LifeSOURCE Facilities] [plan deductible] [then] [No charge] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [100% at LifeSOURCE center, otherwise] [plan deductible] [then] [50-100]%] [Non-Cigna LifeSOURCE Facilities Not Covered]</p>	<p>[In-Network coverage only] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge] [up to specific organ transplant maximum:]] Heart - \$[25,000-Unlimited] Liver - \$[25,000-Unlimited] Bone Marrow - \$[25,000-Unlimited] Heart/Lung - \$[25,000-Unlimited] Lung - \$[25,000-Unlimited] Pancreas - \$[25,000-Unlimited] Kidney - \$[25,000-Unlimited] Kidney/Pancreas - \$[25,000-Unlimited]]</p>
<p>[Lifetime] Travel Maximum: \$[0-Unlimited] [per transplant]</p>	<p>No charge (only available when using LifeSOURCE facility)</p>	<p>In-Network coverage only]</p>
<p>[Durable Medical Equipment (including External Prosthetic Appliances)] [In-Network [Contract] [Calendar] Year Maximum: \$[500-Unlimited]] [Out-of-Network [Contract] [Calendar] Year Maximum: \$[500-Unlimited]] [[Contract] [Calendar] Year Maximum: [\$500-Unlimited]] [In-Network Lifetime Maximum: \$[3,000-Unlimited]] [Out-of-Network Lifetime Maximum: \$[3,000-Unlimited]] [Lifetime Maximum:</p>	<p>[[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

<p>[\$3,000-Unlimited]]</p> <p>[Note:</p> <p>Services do accumulate to the plan's out-of-pocket maximum.]</p>		
<p>[Durable Medical Equipment</p> <p>[In-Network [Contract] [Calendar] Year Maximum: \$[700-Unlimited]]</p> <p>Out-of-Network [Contract] [Calendar] Year Maximum: \$[700-Unlimited]]</p> <p>[[Contract] [Calendar] Year Maximum: \$[700-Unlimited]]</p> <p>[Note:</p> <p>Service maximums do not cross accumulate between In-Network and Out-of-Network services. Services do accumulate to the plan's Lifetime maximum.]</p>	<p>[plan deductible] [then] [No charge]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Diabetic Devices</p> <p>Your cost for Medically Necessary diabetic devices and diabetic ketoacidosis devices, which can be dispensed in a 30-day supply and which are covered under the plan, will not exceed \$100 for each 30-day supply; \$200 for each 60-day supply; \$300 for each 90-day supply for all diabetic devices and diabetic ketoacidosis devices. Any cost sharing paid by you [and your Dependents] for Medically Necessary diabetic devices and diabetic ketoacidosis devices and supplies, shall be applied to your [contract][calendar] year Deductible.</p>		
<p>Nutritional Counseling</p> <p>Calendar Year Maximum:</p> <p>3 visits per person; however, the 3 visit limit will not apply to treatment of diabetes [and/or to Mental Health and Substance Use Disorder conditions]</p> <p>Physician's Office Visit</p> <p>Inpatient Facility</p> <p>Outpatient Facility</p> <p>Physician's Services</p>	<p>No charge after the \$[0-100] PCP or \$[0-150] Specialist per office visit copay</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[[plan deductible] [then] [50-100]% [of the Maximum Reimbursable Charge]]</p>

<p>Genetic Counseling [Contract][Calendar] Year Maximum: 3 visits per person for Genetic Counseling for both pre- and post-genetic testing; [however, the 3 visit limit will not apply to Mental Health and Substance Use Disorder conditions]</p> <p>Physician's Office Visit Inpatient Facility Outpatient Facility Physician's Services</p>	<p>No charge after the \$[0-100] PCP or \$[0-150] Specialist per office visit copay</p> <p>[[plan deductible] [then] [50-100]%</p>	<p>[[plan deductible] [then] [50-100]% [of the Maximum Reimbursable Charge]]</p>
<p>[External Prosthetic Appliances [[Contract] [Calendar] Year Maximum: \$[1,000-Unlimited]]</p> <p>[In-Network [Contract] [Calendar] Year Maximum: \$[1,000-Unlimited]]</p> <p>[Out-of-Network [Contract] [Calendar] Year Maximum: \$[1,000-Unlimited]]</p> <p>[Note: [The EPA deductible will not accumulate to the plan Out-of-Pocket maximum.] Service maximums do not cross accumulate between In-Network and Out-of-Network services. Services do accumulate to the plan's Lifetime maximum.]</p>	<p>[[\$[0-500] EPA deductible per] [Contract] [Calendar] [Year] [then] [No charge]]</p> <p>[[\$[0-500] EPA deductible per] [Contract] [Calendar] [Year] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-500] EPA deductible per] [Contract] [Calendar]]Year [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only] [[\$[0-500] EPA deductible per] [Contract] [Calendar] [Year] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-500] EPA deductible per] [Contract] [Calendar]]Year [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[30-80]% [of the Maximum Reimbursable Charge] [then] [plan deductible]</p>

<p>[Wigs]</p> <p>[Coverage provided for [alopecia], [hair loss as a result of [illness] or [medically necessary treatment, such as radiation therapy for cancer]]</p> <p>Maximum:</p> <p>[\$[200-20,000][per]]</p> <p>[up to [1-10] wigs]</p> <p>[for ages][less than][0-99] [or more years old]]</p> <p>[[per][[Contract][Calendar]Year] [[12-36] months][[1-10] years][Lifetime]]</p> <p>[Unlimited]</p>	<p>[Not Covered]</p> <p>[\$ [0-1,000] copay]</p> <p>[Subject to plan deductible]</p> <p>[50-100% plan coinsurance]</p>	<p>[Not Covered]</p> <p>[\$ [0-1,000] copay]</p> <p>[Subject to [In-Network] plan deductible]</p> <p>[[30-80%] [of the Maximum Reimbursable Charge] [In-Network] plan coinsurance]]</p>
<p>[Dental Care]</p> <p>Limited to charges made for a continuous course of dental treatment for an Injury to teeth.]</p>		
<p>Physician's Office Visit</p>	<p>[Primary Care Physician]</p> <p>[[\$[0-100] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-100] per visit copay] [then] [50-100]%]</p> <p>[Specialty Care Physician]</p> <p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[Primary Care Physician]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[Specialty Care Physician]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

<p>Inpatient Facility</p>	<p>[[\$0-4,500] per admission copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$0-4,500] per admission copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[\$0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-4,500] per admission copay] [then] [No charge]]</p> <p>[[plan deductible] [then] [\$0-4,500] per admission copay] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[[\$0-9,000] per admission deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[\$0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-9,000] per admission deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Outpatient Facility</p>	<p>[[\$0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-2,250] per visit deductible] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[[\$0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Physician's Services</p>	<p>[plan deductible] [then] [No charge]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

[TMJ [Surgical] [and] [Non-surgical]

Always excludes appliances and orthodontic treatment.

[(surgical services will be covered same as any other illness)]

[[Calendar] [Contract] Year Maximum:

\$1,000-Unlimited]

[Lifetime Maximum:

\$(600-Unlimited)]

Physician's Office Visit	[Primary Care Physician] [[\$[0-100] per visit copay [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0-100] per visit copay] [then] [50-100]%] [Specialty Care Physician] [[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]	[In-Network coverage only] [Primary Care Physician] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]] [Specialty Care Physician] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]
--------------------------	---	--

<p>Inpatient Facility</p>	<p>[[\$0-4,500] per admission copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$0-4,500] per admission copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[\$0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-4,500] per admission copay] [then] [No charge]]</p> <p>[[plan deductible] [then] [\$0-4,500] per admission copay][then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[\$0-9,000] per admission deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[\$0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-9,000] per admission deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Outpatient Facility</p>	<p>[[\$0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-2,250] per visit deductible] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[\$0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Physician's Services</p>	<p>[plan deductible] [then] [No charge]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[plan deductible][then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

[Obesity/Bariatric Surgery

Note:

Coverage is provided subject to medical necessity and clinical guidelines subject to any limitations shown in the “Exclusions, Expenses Not Covered and General Limitations” section of this certificate.

<p>Physician’s Office Visit</p> <p>[Visit(s) 1-10]</p> <p>[Visits 2-Unlimited]</p> <p>[Visits 2- Unlimited]</p>	<p>[Primary Care Physician]</p> <p>[[\$0-100] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-100] per visit copay] [then] [50-100]%]</p> <p>[Specialty Care Physician]</p> <p>[[\$0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[Primary Care Physician]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[Specialty Care Physician]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Inpatient Facility</p>	<p>[[\$0-4,500] per admission copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$0-4,500] per admission copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[\$0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-4,500] per admission copay] [then] [No charge]]</p> <p>[[plan deductible] [then] [\$0-4,500] per admission copay] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [50-100]%]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[\$0-9,000] per admission deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[\$0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-9,000] per admission deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

		[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]
Outpatient Facility	<p>[[\$0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible]] [then] [\$0-2,250] per visit deductible] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[\$0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
Physician's Services	<p>[plan deductible] [then] [No charge]</p> <p>[50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Lifetime Maximum: \$[8,000-Unlimited]</p> <p>Coinsurance charges for obesity surgery will not accumulate to the plan Out-of-Pocket maximum.]</p>		
Outpatient Dialysis Services		
<p>Physician's Office visit</p> <p>[Visit(s) 1-10]</p> <p>[Visits 2-Unlimited]</p> <p>[Visits 2- Unlimited]</p>	<p>[Primary Care Physician]</p> <p>[[\$0-100] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-100] per visit copay] [then] [50-100]%]</p> <p>[Specialty Care Physician]</p> <p>[[\$0-150] per visit copay] [then][plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[Primary Care Physician]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[Specialty Care Physician]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

<p>Outpatient Facility Services</p> <p>[Note: Non-surgical treatment procedures are not subject to the [facility copay] [facility deductible] [facility copay or facility deductible].]</p>	<p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[02,250] per visit deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[\$[0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Home Setting</p>	<p>[[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>[Hearing Exam]</p> <p>Includes [adult hearing exams][,] [diagnosis][,] [testing and fitting of hearing aid devices]]</p>	<p>[Not Covered]</p> <p>[Covered the same as Specialist Office Visit]</p>	<p>[Not Covered]</p> <p>[Covered the same as Specialist Office Visit]</p>
<p>[Hearing Aids]</p> <p>[1-Unlimited][Per ear][Per pair]Maximum per individual [every [1-5] years] [every [12-60] months] [per Lifetime]</p> <p>[0-115 years old]</p> <p>[\$[500-50,000]]</p>	<p>[Not Covered]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[Not Covered]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>[Acupuncture]</p> <p>Self-referred, Medically Necessary treatment of pain or disease by acupuncture provided on an outpatient basis, limited to a [5-Unlimited] [day] [visit] maximum per person per year</p>	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>[Routine Foot Disorders]</p>	<p>[Not covered except for services associated with foot care for diabetes, peripheral neuropathies and peripheral vascular disease when Medically Necessary.]</p>	<p>[Not covered except for services associated with foot care for diabetes, peripheral neuropathies and peripheral vascular disease when Medically Necessary.]</p>

<p>[Routine Foot Disorders</p> <p>[Visit(s) 1-10]</p> <p>[Visits 2-Unlimited]</p> <p>[Visits 2- Unlimited]</p> <p>Physician’s Office Visit</p> <p>[[Contract] [Calendar] Year Maximum: \$[1,000-Unlimited]]</p> <p>[In-Network [Contract] [Calendar] Year Maximum: \$[1,000-Unlimited]</p> <p>Out-of-Network [Contract] [Calendar] Year Maximum: \$[1,000-Unlimited]]</p>	<p>[Primary Care Physician]</p> <p>[[\$[0-100] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-100] per visit copay] [then] [50-100]%]</p> <p>[Specialty Care Physician]</p> <p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[Primary Care Physician]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p> <p>[Specialty Care Physician]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
---	---	---

[Treatment Resulting From Life Threatening Emergencies

Medical treatment required as a result of an emergency, such as a suicide attempt, will be considered a medical expense until the medical condition is stabilized [and will not count toward any plan limits that are shown in The Schedule for mental health and substance use disorder services including in-hospital services]. Once the medical condition is stabilized, whether the treatment will be characterized as either a medical expense or a mental health/substance use disorder expense will be determined by the utilization review Physician in accordance with the applicable mixed services claim guidelines.]

For plans subject to MHSUD Parity

<p>[Mental Health</p>		
<p>Inpatient</p> <p>Includes Acute Inpatient and Residential Treatment</p> <p>Unlimited maximum per Calendar year</p>	<p>[[[\$[0-4,500] per admission copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$[0-4,500] per admission copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[\$[0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-4,500] per admission copay] [then] [No charge]]</p>	<p>[[\$[0-9,000] per admission deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[\$[0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-9,000] per admission deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

	<p>[[plan deductible] [then] [\$[0-4,500] per admission copay] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[[plan deductible] [then] [\$[0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Outpatient</p> <p>Outpatient – Office Visits</p> <p>Includes individual, family [and group] psychotherapy; medication management, [Virtual Care] etc.</p> <p>Unlimited maximum per Calendar year</p> <p>[Virtual Care - Outpatient - Office Visits]</p> <p>[Includes [eConsultation] [Provider-to-Provider Consultation] services.]</p> <p>[Dedicated Virtual Providers]</p> <p>[MDLIVE Behavioral Services]</p>	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p> <p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[In-Network Coverage Only]</p> <p>[Not Applicable]</p>
<p>Outpatient - All Other Services</p> <p>Includes Partial Hospitalization, Intensive Outpatient services, [group psychotherapy] [Virtual Care] etc.)</p> <p>Unlimited maximum per Calendar year</p> <p>[Note: Coverage review for Outpatient services begins after [0 – 100] visits]</p> <p><i>or</i></p> <p>[Note: There is no coverage review for Outpatient services]</p>	<p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-2,250] per visit deductible] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[[\$[0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

<p>[Virtual Care - Outpatient - All Other Services]]</p> <p>[Includes [eConsultation] [Provider-to-Provider Consultation] services.]</p>		
[Applied Behavior Analysis (ABA) Therapy]		
Outpatient – Office Visits	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
Outpatient – All Other	<p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-2,250] per visit deductible] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[\$[0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
[Peer Support Services]		
Inpatient	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
Outpatient – Office Visits	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
Outpatient – All Other	<p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p>	<p>[In-Network coverage only]</p> <p>[[\$[0-4,500] per visit deductible] [then] [plan</p>

	<p>[[\$0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-2,250] per visit deductible] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
[Virtual Care]		
<p>Outpatient – Office Visits</p> <p>[Includes [eConsultation] [Provider-to-Provider Consultation] services.]</p> <p>[Dedicated Virtual Providers]</p> <p>[MDLIVE Behavioral Services]</p>	<p>[[\$0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$0-150] per visit copay] [then] [50-100]%]</p> <p>[[\$0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[In-Network Coverage Only]</p> <p>[Not Applicable]</p>
<p>Outpatient – All Other</p> <p>[Includes [eConsultation] [Provider-to-Provider Consultation] services.]</p>	<p>[[\$0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-2,250] per visit deductible] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[\$0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>[[eConsultation]</p> <p>[Provider-to-Provider Consultation] services]</p>	<p>[[\$0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p>	<p>[In-Network coverage only]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

	[[plan deductible] [then] [\$0-150] per visit copay] [then] [50-100]%]	
[Substance Use Disorder]		
<p>Inpatient</p> <p>Includes Acute Inpatient Detoxification, Acute Inpatient Rehabilitation and Residential Treatment</p> <p>Unlimited maximum per Calendar year</p>	<p>[[\$0-4,500] per admission copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$0-4,500] per admission copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[\$0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-4,500] per admission copay] [then] [No charge]]</p> <p>[[plan deductible] [then] [\$0-4,500] per admission copay] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[[\$0-9,000] per admission deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[\$0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-9,000] per admission deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p>
<p>Outpatient</p> <p>Outpatient – Office Visits</p> <p>Includes individual, family [and group] psychotherapy, medication management, [Virtual Care] etc.</p> <p>Unlimited maximum per Calendar year</p> <p>[Virtual Care - Outpatient - Office Visits]</p> <p>[Includes [eConsultation] [Provider-to-Provider Consultation] services.]</p>	<p>[[\$0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$0-150] per visit copay] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p> <p>[[\$0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$0-150] per visit copay] [then] [50-100]%]</p>	<p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p>

<p>[Dedicated Virtual Providers]</p> <p>[MDLIVE Behavioral Services]</p>	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network Coverage Only]</p> <p>[Not Applicable]</p>
<p>Outpatient - All Other Services</p> <p>Includes Partial Hospitalization, Intensive Outpatient Services [group psychotherapy], [Virtual Care] etc.</p> <p>Unlimited maximum per Calendar year</p> <p>[Note: Coverage review for Outpatient services begins after [0 – 100] visits]</p> <p><i>or</i></p> <p>[Note: There is no coverage review for Outpatient services]</p> <p>[Virtual Care -Outpatient – All Other Services]</p> <p>[Includes [eConsultation] [Provider-to-Provider Consultation] services.]</p>	<p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-2,250] per visit deductible] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[[\$[0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p>
<p>[Peer Support Services]</p>		
<p>Inpatient</p>	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p>
<p>Outpatient – Office Visits</p>	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p>
<p>Outpatient – All Other</p>	<p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p>	<p>[In-Network coverage only]</p> <p>[[\$[0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of</p>

	<p>[[\$0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-2,250] per visit deductible] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
[Virtual Care		
<p>Outpatient – Office Visits</p> <p>[Dedicated Virtual Providers]</p> <p>[MDLIVE Behavioral Services]</p>	<p>[[\$0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$0-150] per visit copay] [then] [50-100]%]</p> <p>[[\$0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p> <p>[In-Network Coverage Only]</p> <p>[Not Applicable]</p>
<p>Outpatient – All Other</p>	<p>[[\$0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-2,250] per visit deductible] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[\$0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>[eConsultation]</p> <p>[Provider-to-Provider Consultation] services]</p>	<p>[[\$0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p>

For plans not subject to MHSUD Parity		
[Mental Health]	[Not Covered]	[Not Covered]
Inpatient	<p>[[\$0-4,500] per admission copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$0-4,500] per admission copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[\$0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-4,500] per admission copay] [then] [No charge]]</p> <p>[[plan deductible] [then] [\$0-4,500] per admission copay] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [50-100]%]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[[\$0-9,000] per admission deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[\$0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-9,000] per admission deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>[Outpatient (Includes Individual, Group and Intensive Outpatient [and Virtual Care]) Physician's Office Visit]</p> <p>[Virtual Care - Outpatient - Office Visits]</p> <p>[Includes [eConsultation] [Provider-to-Provider Consultation] services]</p> <p>[Dedicated Virtual Providers]</p> <p>[MDLIVE Behavioral Services]</p>	<p>[[\$0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-150] per visit copay] [then] [50-100]%]</p> <p>[[\$0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-150] per visit copay] [then] [50-100]%]</p> <p>[[\$0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p>	<p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[In-Network Coverage Only]</p> <p>[Not Applicable]</p>

	[[plan deductible] [then] [\$0-150] per visit copay] [then] [50-100]%]	
<p>[Outpatient Facility</p> <p>[Note:</p> <p>Non-surgical treatment procedures are not subject to the outpatient facility copay or the outpatient facility deductible.]</p>	<p>[[\$0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-2,250] per visit deductible] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[[\$0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>[Outpatient</p> <p><i>(a) Includes Individual, Group and Intensive Outpatient [and Virtual Care]</i></p> <p><i>(b) Applies to Physician's Office and Outpatient Facility]</i></p> <p>[Virtual Care - Outpatient - All Other Services]</p> <p>[Includes [eConsultation] [Provider-to-Provider Consultation] services]</p> <p>[Note:</p> <p>Non-surgical treatment procedures are not subject to the outpatient facility deductible.]</p>	<p>[[\$0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-150] per visit copay] [then] [50-100]%]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[[\$0-4,500] per visit deductible] [then] [plan deductible] [then][30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-4,500] per visit deductible] [then] [plan [then][30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
[Applied Behavior Analysis (ABA) Therapy		
Outpatient	<p>[[\$0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

Outpatient Facility	<p>[[\$0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-2,250] per visit deductible] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[\$0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
[Peer Support Services]		
Inpatient	<p>[[\$0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
Outpatient	<p>[[\$0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
Outpatient Facility	<p>[[\$0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-2,250] per visit deductible] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[\$0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

[Virtual Care		
<p>Outpatient [Includes [eConsultation] [Provider-to-Provider Consultation] services]</p> <p>[Dedicated Virtual Providers]</p> <p>[MDLIVE Behavioral Services]</p>	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p> <p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[In-Network Coverage Only]</p> <p>[Not Applicable]</p>
<p>Outpatient Facility [Includes [eConsultation] [Provider-to-Provider Consultation] services]</p>	<p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-2,250] per visit deductible] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[\$[0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>[[eConsultation] [Provider-to-Provider Consultation] services]</p>	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p>

[Substance Use Disorder]	[Not Covered]	[Not Covered]
Inpatient	<p>[[\$0-4,500] per admission copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$0-4,500] per admission copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[\$0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-4,500] per admission copay] [then] [No charge]]</p> <p>[[plan deductible] [then] [\$0-4,500] per admission copay] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [50-100]%]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[[\$0-9,000] per admission deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[\$0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-9,000] per admission deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

<p>[Outpatient (Includes Individual and Intensive Outpatient [and Virtual Care]) Physician's Office Visit] [Virtual Care – Outpatient - Office Visits] [Includes [eConsultation] [Provider-to-Provider Consultation] services]</p> <p>[Dedicated Virtual Providers] [MDLIVE Behavioral Services]</p>	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%] [plan deductible] [then] [50-100]% [[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%] [[plan deductible] [then] [50-100]%]</p> <p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]] [[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[In-Network Coverage Only] [Not Applicable]</p>
<p>[Outpatient Facility [Note: Non-surgical treatment procedures are not subject to the outpatient facility copay or the outpatient facility deductible.]</p>	<p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]] [[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0-2,250] per visit deductible] [then] [50-100]%] [[plan deductible] [then] [50-100]%]</p>	<p>[[\$[0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]] [[plan deductible] [then] [\$[0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]] [[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

<p>[Outpatient (a) <i>Includes Individual and Intensive Outpatient</i> (b) <i>Applies to Physician's Office and Outpatient Facility[and Virtual Care]]</i></p> <p>[Virtual Care- Outpatient - All Other Services]</p> <p>[Includes [eConsultation] [Provider-to-Provider Consultation] services]</p> <p>[Note: Non-surgical treatment procedures are not subject to the outpatient facility deductible.]</p>	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p> <p>[[plan deductible] [then] [50-100]%</p>	<p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>[Peer Support Services</p>		
<p>Inpatient</p>	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Outpatient</p>	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

<p>Outpatient Facility</p>	<p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-2,250] per visit deductible] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[\$[0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>[Virtual Care</p>		
<p>Outpatient</p> <p>[Includes [eConsultation] [Provider-to-Provider Consultation] services]</p> <p>[Dedicated Virtual Providers]</p> <p>[MDLIVE Behavioral Services]</p>	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p> <p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[In-Network Coverage Only]</p> <p>[Not Applicable]</p>
<p>Outpatient Facility</p> <p>[Includes [eConsultation] [Provider-to-Provider Consultation] services]</p>	<p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-2,250] per visit deductible] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[\$[0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

<p>[eConsultation] [Provider-to-Provider Consultation] Services]</p>	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p>
<p>[Mental Health]</p>	<p>[Not Covered]</p>	<p>[Not Covered]</p>
<p>Inpatient</p> <p>[Contract] [Calendar] Year Maximum:</p> <p>[60-Unlimited] days</p> <p>Acute: based on ratio of 1:1</p> <p>Partial: based on a ratio of 2:1</p> <p>[Residential: based on a ratio of 2:1]</p> <p>[Residential for Substance Use Disorder: based on a ratio of 2:1]</p> <p>Residential for Mental Health: Not Covered]</p>	<p>[[\$[0-4,500] per admission copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$[0-4,500] per admission copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[\$[0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-4,500] per admission copay] [then] [No charge]]</p> <p>[[plan deductible] [then] [\$[0-4,500] per admission copay] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [50-100]%]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[[\$[0-9,000] per admission deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[\$[0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-9,000] per admission deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Outpatient</p> <p>[Includes [eConsultation] [Provider-to-Provider Consultation] services]</p> <p>[Dedicated Virtual Providers] [MDLIVE Behavioral Services]</p>	<p>[Visits [1-40]:]</p> <p>[plan deductible] [then] [75-100%]</p> <p>[Visits [41-Unlimited]:]</p> <p>[plan deductible] [then] [60-100%]</p> <p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p>	<p>[Visits [1-40]:]</p> <p>[plan deductible] [then] [75-100%]</p> <p>[Visits [41-Unlimited]:]</p> <p>[plan deductible] [then] [60-100% [of the Maximum Reimbursable Charge]]</p> <p>[In-Network Coverage Only]</p> <p>[Not Applicable]</p>

	[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]	
<p>Outpatient Group Therapy [(One group therapy session equals one individual therapy session)]</p> <p>[[Contract] [Calendar] Year Maximum: [40-Unlimited] visits]</p> <p>[Includes [eConsultation] [Provider-to-Provider Consultation] services]</p>	<p>[\$[0-150] per-visit copay] [then] [No charge]]</p> <p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0]150] per visit copay] [then] [50-100]%]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Intensive Outpatient [Contract] [Calendar] Year Maximum: up to [3-Unlimited] programs</p> <p>Based on a ratio of 1:1</p> <p>[Includes [eConsultation] [Provider-to-Provider Consultation] services]</p>	<p>[[\$[0-2,500] per program copay] [then] [50-100]%]</p>	<p>[[plan deductible] [then] [50-100]% [of the Maximum Reimbursable Charge]]</p>
[Applied Behavior Analysis (ABA) Therapy]		
Outpatient	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
Outpatient Facility	<p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-2,250] per visit deductible] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[\$[0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>

[Peer Support Services]		
Inpatient	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
Outpatient	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
Outpatient Facility	<p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-2,250] per visit deductible] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[\$[0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
[Virtual Care]		
<p>Outpatient</p> <p>[Includes [eConsultation] [Provider-to-Provider Consultation] services]</p> <p>[Dedicated Virtual Providers]</p> <p>[MDLIVE Behavioral Services]</p>	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p> <p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[In-Network Coverage Only]</p> <p>[Not Applicable]</p>

<p>Outpatient Facility [Includes [eConsultation] [Provider-to-Provider Consultation] services]</p>	<p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0- 2,250] per visit deductible] [then] [50-100]%]</p> <p>[plan deductible] [then] [50- 100]%]</p>	<p>[In-Network coverage only] [[\$[0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0- 4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[plan deductible] [then] [30- 80]% [of the Maximum Reimbursable Charge]]</p>
<p>[[eConsultation] [Provider-to-Provider Consultation] services]</p>	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0- 150] per visit copay] [then] [50- 100]%]</p>	<p>[In-Network coverage only] [plan deductible] [then] [30- 80]% [of the Maximum Reimbursable Charge]</p>

[Substance Use Disorder]	[Not Covered]	[Not Covered]
<p>Inpatient</p> <p>[Contract] [Calendar] Year Maximum:</p> <p>[60-Unlimited] days</p> <p>Acute: based on ratio of 1:1</p> <p>Partial: based on a ratio of 2:1</p> <p>[Residential: based on a ratio of 2:1]</p> <p>[Residential for Substance Use Disorder: based on a ratio of 2:1 Residential for Mental Health:</p> <p>Not Covered]</p>	<p>[[\$[0-4,500] per admission copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$[0-4,500] per admission copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[\$[0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-4,500] per admission copay] [then] [No charge]]</p> <p>[[plan deductible] [then] [\$[0-4,500] per admission copay] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-1,500] per day copay] [up to [3-Unlimited] copays] [per admission] [then] [50-100]%]</p> <p>[plan deductible] [then] [50-100]%]</p>	<p>[[\$[0-9,000] per admission deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[\$[0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-9,000] per admission deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-3,000] per day deductible] [up to [3-Unlimited] deductibles] [per admission] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>Outpatient</p> <p>[Contract] [Calendar] Year Detoxification Maximum:</p> <p>[12-Unlimited] visits</p> <p>[Includes [eConsultation] [Provider-to-Provider Consultation] services]</p> <p>[Dedicated Virtual Providers]</p> <p>[MDLIVE Behavioral Services]</p>	<p>[[Visits [1-40]:]</p> <p>[plan deductible] [then] [75-100%]]</p> <p>[[Visits [41-Unlimited]:]</p> <p>[plan deductible] [then] [[60-100%]</p> <p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% or [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[[Visits [1-40]:]</p> <p>[plan deductible] [then] [75-100%]]</p> <p>[[Visits [41-Unlimited]:]</p> <p>[plan deductible] [then] [60-100%]]</p> <p>[In-Network Coverage Only]</p> <p>[Not Applicable]</p>

<p>Intensive Outpatient [Contract] [Calendar] Year Maximum: up to [3-Unlimited] programs Maximum: Each visit provided as part of a program accumulates to the Outpatient Substance Use Disorder benefit maximum on a 1:1 ratio basis with Outpatient Substance Use Disorder visits. [Includes [eConsultation] [Provider-to-Provider Consultation] services]</p>	<p>[[\$[0-2,500] per program copay] [then] [50-100]%] [plan deductible] [then] [50- 100]%</p>	<p>[[\$[0-5,000] per program deductible] [then] [50-100]% [of the Maximum Reimbursable Charge]] [[plan deductible] [then] [50- 100]% [of the Maximum Reimbursable Charge]]</p>
<p>[Peer Support Services</p>		
<p>Inpatient</p>	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]] [[plan deductible] [then] [\$[0- 150] per visit copay] [then] [50- 100]%]</p>	<p>[In-Network coverage only] [[plan deductible] [then] [30- 80]% [of the Maximum Reimbursable Charge]]</p>
<p>Outpatient</p>	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]] [[plan deductible] [then] [\$[0- 150] per visit copay] [then] [50- 100]%]</p>	<p>[In-Network coverage only] [[plan deductible] [then] [30- 80]% [of the Maximum Reimbursable Charge]]</p>
<p>Outpatient Facility</p>	<p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]] [[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%] [[plan deductible] [then] [\$[0- 2,250] per visit deductible] [then] [50-100]%] [[plan deductible] [then] [50- 100]%]</p>	<p>[In-Network coverage only] [[\$[0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]] [[plan deductible] [then] [\$[0- 4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]] [[plan deductible] [then] [30- 80]% [of the Maximum Reimbursable Charge]]</p>

[Virtual Care]		
<p>Outpatient [Includes [eConsultation] [Provider-to-Provider Consultation] services]</p> <p>[Dedicated Virtual Providers]</p> <p>[MDLIVE Behavioral Services]</p>	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p> <p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[In-Network Coverage Only]</p> <p>[Not Applicable]</p>
<p>Outpatient Facility [Includes [eConsultation] [Provider-to-Provider Consultation] services]</p>	<p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [No charge]]</p> <p>[[\$[0-2,250] per visit copay] [then] [plan deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [\$[0-2,250] per visit deductible] [then] [50-100]%]</p> <p>[[plan deductible] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[[\$[0-4,500] per visit deductible] [then] [plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [\$[0-4,500] per visit deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p> <p>[[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]]</p>
<p>[[eConsultation] [Provider-to-Provider Consultation] services]</p>	<p>[[\$[0-150] per visit copay] [then] [plan deductible] [then] [50-100]% <i>or</i> [No Charge]]</p> <p>[[plan deductible] [then] [\$[0-150] per visit copay] [then] [50-100]%]</p>	<p>[In-Network coverage only]</p> <p>[plan deductible] [then] [30-80]% [of the Maximum Reimbursable Charge]</p>