Corpsmember Health Plan — Medical, Prescription & AD&D

September 1, 2022 to August 31, 2023
Medical by Cigna, AD&D by Gerber
Medical Group Number: 3338030

Benefit / Provision	Cigna Provider	Out-of-Network
Deductible Per Plan Year (September 1 – August 31) (Applies to all services except in-network Preventive and Office Visits)	$175	$350
Out-of-Pocket Maximum (Includes Deductible)	$2,750	$5,500
Lifetime Maximum	Unlimited	
Preventive (Routine) **Care**	100% (no deductible)	50%
Prescription Drugs (Express Scripts Value List)*	80%	50%
Telehealth (MDLive; includes Behavioral Health)	(no deductible) $5 copay	
Office Visits Primary Care Tier 1 Specialist (see coverage checklist for Tier 1 access) Non-Tier 1 Specialist	(no deductible) $10 copay $10 copay $20 copay	50%
Professional Services (Surgery, Lab & X-Ray)	80%	50%
Urgent Care	$20 co-pay, then covered at 80%	
Ambulance	80%	
Emergency Room	$100 co-pay, then covered at 80%	
Hospital (Inpatient pre-authorization required)*	80%	50%
Mental Health Inpatient Office Visit	80% $10 copay	50% 50%
Chemical Dependency (Inpatient and Outpatient)	80%	50%
Outpatient Rehabilitation - 20 visits per Plan Year (Physical, Speech, Occupational, Cardiac therapies and Chiropractic)	80%	50%
Employee Assistance Program (EAP)	24/7 telephonic support, 3 free face-to-face visits for life events **Call 877-231-1492**	
AD&D	$10,000	
Monthly Rate (Paid by sponsoring program)	$416.55*	

Cigna requires pre-authorization for all inpatient hospital, some outpatient procedures and certain drugs.

Benefits end at the close of the month in which active service concludes. Members may get free assistance in finding individual health coverage (and potentially qualifying for credits) through **Via Benefits** (see separate flyer).

This is a summary of benefit coverage. Further detail can be found by contacting Cigna. Out-of-network coverage is based on Cigna's maximum allowable charge and may result in additional out-of- pocket expenses.