

Corpsmember Health Plan — Medical, Prescription & AD&D



September 1, 2025 to August 31, 2026
 Medical by Cigna, AD&D by Everest
 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)	\$750	\$1,500
Out-of-Pocket Maximum (Includes Deductible)	\$4,250	\$8,500
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 access) Non-Tier 1 Specialist	(no deductible) \$15 copay \$15 copay \$25 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	

***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.