Summary of Benefits & Coverage

$1,000/ $2,000 Deductible

Network Options:
Cigna EPO

NETWORK	NETWORK ONLY
Deductible • Individual • Family	$1,000 $2,000
Out-of-Pocket - Including Deductible • Individual • Family Out-of-Pocket Maximum for services beyond the plan visit limits	$8,500 $17,000 Unlimited

NETWORK	NETWORK ONLY
Covered Services - Illness or Injury	
PCP Office Visit	$50 Copay After Deductible
Specialist Office Visit (No Referral Needed)	$50 Copay After Deductible
Urgent Care Office Visit	$50 Copay After Deductible
Surgery Performed In Office	See Outpatient Surgery
Chiropractic Care (12 visits per calendar year maximum)	$50 Copay After Deductible
Therapies: Physical, Speech, Occupational, Cardiac & Resp 16 visits per calendar year maximum combined	$50 Copay/Visit After Deductible

$1,000 / $2,000 Deductible

NETWORK	NETWORK ONLY
Covered Services - Illness or Injury Continued	
Labs	$25 Copay
X-Rays	$50 Copay
Diagnostic Testing/Advanced Imaging (Pre-certification Required)	$200 Copay
Telemedicine - through Recuro Health ONLY VIEW MORE DETAILS	$0 Copay Unlimited Visits
Diagnostic Testing/Imaging (Precertification Required) 3 per benefit year	$200 Copay After Deductible
Emergency Services (Pre-certification is required within 48 hours of admission, if admitted)	
Emergency Room Care *For true medical emergency, any provider may be used.	$1,000 Copay After Deductible
Ambulance	$250 Copay After Deductible
Inpatient or Partial Hospitalization Services (Pre-certification Required)	
Inpatient Hospital Care Facility or **Partial Hospitalization**	$2,500 Copay/Admission After Deductible
Inpatient Surgical Services	$2,500 Copay/Surgery After Deductible
Associated/Incidental Inpatient Services (Includes Anesthesia, Pathology, Physician Services, and any other incurred services)	$250 Copay/Service After Deductible
Inpatient Skilled Nursing Facility	$50 Copay/Day After Deductible
Inpatient Rehabiliation Facility	$50 Copay/Day After Deductible
Hospice (30-day limit per lifetime)	$0 Copay After Deductible
Organ Transplant	$2,500 Copay/Admission After Deductible

$1,000 / $2,000 Deductible

NETWORK	NETWORK ONLY
Outpatient Services (Pre-certification Required)	
Outpatient Surgical Services (Outpatient Hospital, Surgery Center or Office)	$2,500 Copay/Surgery After Deductible
Surgery Services (Includes surgeon, anesthesia, and any other incurred services associated with outpatient surgery)	$250 Copay/Service After Deductible
Outpatient Chemotherapy and Radiotherapy	$250 Copay/Visit After Deductible
Infusion/ Injection	$250 Copay/Visit After Deductible
Dialysis	$250 Copay After Deductible
Outpatient Labs (No Pre-certification Required)	$100 Copay After Deductible
Preventive Services	
Preventive Care Including but not limited to: Annual Wellness Exams, Labs and Immunizations See Preventive Care Guide	$0 Copay $0 Deductible
Maternity Services	
Pregnancy, Maternity • Routine Vaginal Delivery • Routine C-Section Delivery • All other maternity services (Other maternity services included office visits, lab work, radiology, prenatal/postnatal care, etc. Excluded Genetic testing unless medically necessary.)	$2,500 Copay/Admission (After Deductible) $2,500 Copay/Admission (After Deductible) 100% Covered
Other Covered Services	
Home Health Care Visits (Pre-certification Required) 10 visits per Benefit Year	$50 Copay/Visit After Deductible
Durable Medical Equipment (DME) (Pre-certification Required) Copayment is applied per item received. 5 items/benefit period.	$50 Copay/Item After Deductible
Nutritional Counseling 1 visit per plan year	$0 Copay/Service After Deductible
Prosthetics (Pre-certification Required) 1 item per plan year	$50 Copay/Item After Deductible

$1,000 / $2,000 Deductible

Other Covered Services Continued	
Allergies • Shots • Visits/Testing	$25 Copay After Deductible $50 Copay/Visit After Deductible

Prescription Drugs		
Pharmacy - Retail See Formulary 30-day supply at retail pharmacies.	**Preventive Medicine Rx** Generic or Name Brand	$0 Copay
	Generic Drugs Urgent Care Rx	$0 Copay
	Generic Drugs Maintenance Rx	$0 Copay
	Preferred Brand Name Drugs	Patient Assistance Plans Available
	Non-Preferred Brand Name Drugs	Patient Assistance Plans Available
	Specialty Drugs	Patient Assistance Plans Available
Pharmacy - Mail Order 90-day supply maintenance medication.	**Generic Drugs**	$0 Copay
	Preferred Brand Name Drugs	Patient Assistance Plans Available
	Non-Preferred Brand Name Drugs	Patient Assistance Plans Available
	Specialty Drugs	Patient Assistance Plans Available

Rx Benefit Highlights	
Rx Company	Recuro Health
Phone	844-979-0313
Website	www.recurohealth.com
Formulary	Click Here

Notes:

1. Failure to obtain required authorization may result in penalties, including a 50% reduction of allowed charges or denial of the claim.
2. In a true emergency (such as a severe injury or life-threatening condition), you may go to the nearest emergency room with no out-of-network penalty or claim denial.
3. If authorization is required following an emergency admission, it must be obtained within 48 hours or by the next business day.