



# Covet Health

*The health you covet, the care you deserve*

## About Covet

Covet Health is dedicated to making healthcare accessible and affordable for all. We do this through the creation of customized plan designs, user-friendly technology solutions, and transparency. Our datacentric approach focuses on reducing risk for clients while improving member experiences. We offer core TPA services including claims and benefit administration, custom networks for cost containment, enhanced reporting and analytics for predictive care modeling, medical management programs, as well as seamless enrollment and onboarding.

The Covet Health staff has decades of experience in benefits administration, software engineering, and customer service. This combined experience allows us to craft unique experiences for all clients and members.

Automated Benefit Administration: Experienced benefit administration and backroom support team for plan design, maintenance, claims adjudication and examination (10+ years average experience for Covet Health resources).- Leveraging AI for handling payment workflow and settlement of medical claims resulting in quick turnaround time- Digital enrollment and onboarding experience leading to increased member satisfaction and coverage education.

Increased Savings through Strategic Cost Containment Solutions: Through our strategic use of national PPO networks, direct contracts, and virtual care settings, Covet Health can proactively offer members \$0 copay and \$0 cost-sharing visits. This initiative is part of our broader cost containment solutions, which involve partnerships with carriers, clinical providers, pharmacy programs, and virtual care partners. Members receive the support they need, when they need it, without the burden of additional costs.



# Covet Health

*The health you covet, the care you deserve*

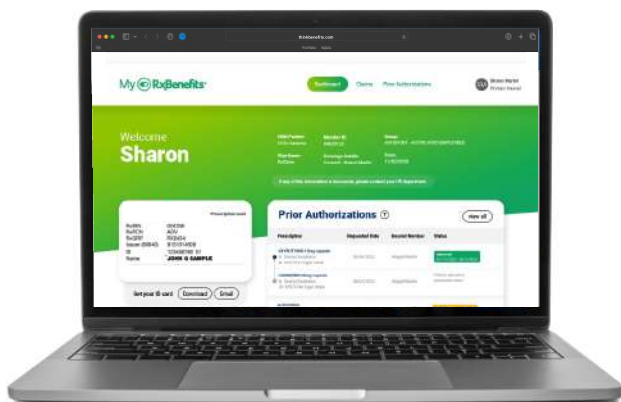
Innovative Technology Infrastructure: Covet Health's team has deep experience in software engineering and data science. This expertise has been critical in the development of Covet Health's API and data infrastructure which allows for expedited implementation, automation in plan administration, and greater control of plan risk leveraging clinical data with AI. Our infrastructure allows us to speedily connect with vendors and implement customized plan designs. Covet Health offers a variety of technology solutions and portals for clients and members that improves the overall plan experience. Clients can expect real-time access to data and insights into plan performance while members can count on tools providing them the answers they need to understand their care journeys.

# Online Access to Your Pharmacy Benefits



By registering for My RxBenefits, you'll gain access to robust information related to your pharmacy benefits.

Access your information when it's convenient for you, **24 hours a day, 7 days a week.**



## My RxBenefits will allow you to:

- Chat with a live agent Monday - Friday, 9 a.m. to 6 p.m. CT
- Access real-time prior authorization status, including explanations of determinations, and view 18 months of prior authorization activity
- View, download and email copies of ID cards
- View 18 months of pharmacy claims (including claims for eligible dependents)
- Access your account across multiple devices, including computers, tablets, and phones
- Manage your communication preferences
- View pharmacy benefits coverage information

Sign up for the portal at:  
<https://member.rxbenefits.com>



# Savvy Care Services (Revised)

## Single Point of Contact: 804-689-3773

- Employees seeking to reduce deductible costs will call the Savvy Cares number. The phone or text is answered 24X7, but the employee engagement and service provider engagement is between the hours of 8AM and 6PM.
- Employees will request a Cares team member to speak to or a service they wish to discuss. The call/text will be routed to the Cares team. The employee will always be contacted the same day.
- The Cares team member will discuss the objective of the employee and act as the direct “facilitator “ to accomplish the employee’s objectives.
- If the employee wants the Cares team to engage a service provider and set an appointment to help defray deductibles, the Cares team requires a **3-7day advance notice**. The notice is required because service providers, in a number of cases, are very difficult to contact. The Cares team initiates the requests the same day. Unfortunately, we must contact the service provider multiple times before setting the service. The Cares team will always confirm the appointment with the employee.
- The Cares team objective is to set the appointment and pay for services prior to the employee’s visit.
- Unfortunately, co-pays are not often waived by the service provider. However, it is the Cares team’s objective to eliminate or reduce the employee out-of-pocket costs.

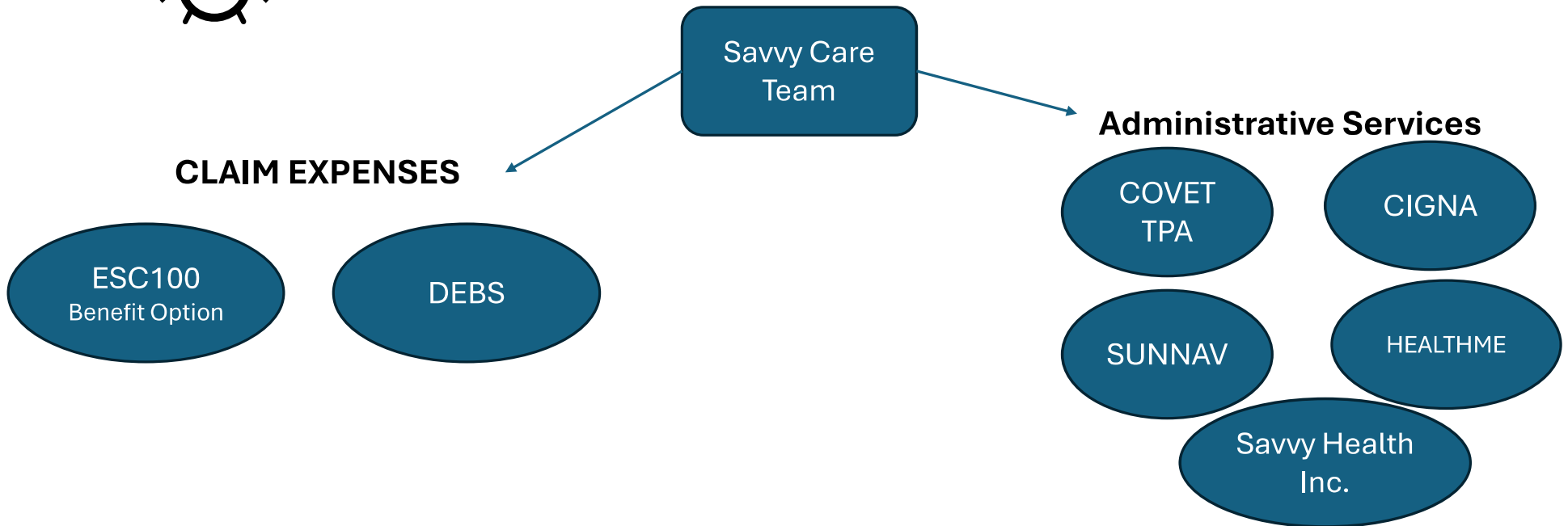
# Savvy Cares Process and Alternatives



**Contact Savvy Cares Team: 804-689-3773**



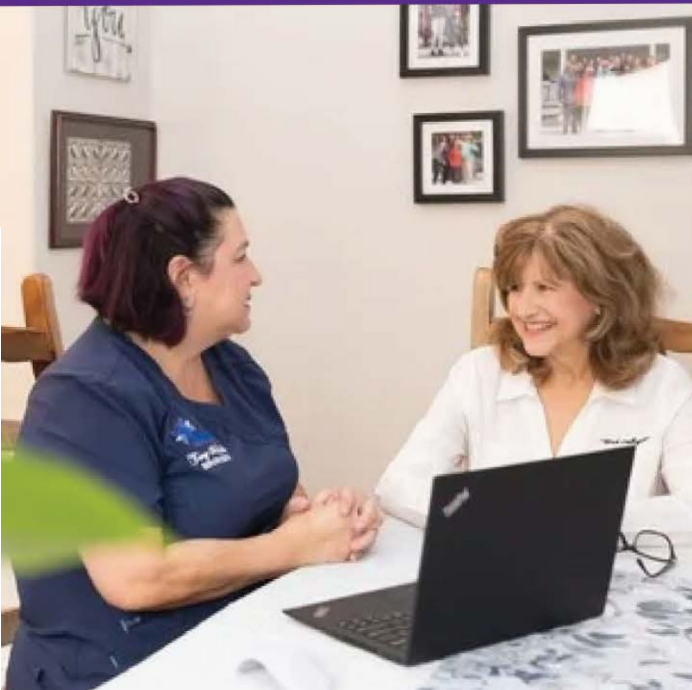
Savvy Cares team coordinates care with service providers.





Empowering  
your best  
decision-making  
during  
any health crisis

From birth to end of life care,  
an independent patient  
advocate can help you  
navigate the complex  
healthcare system.



## CONTACT US



214-273-0091



info@SunNavHCA.com



McKinney, Texas



www.sunnabhca.com

Scan to learn more or book  
your free 30 minute  
consultation



**SunNav**  
Healthcare Advocates. LLC



Terry McLellan  
BSN, RN, BCPA

## Patient Advocacy Services:

- Decision making empowerment
- Conflict resolution
- Shared decision making
- Medical assistance
- Insurance and billing
- Medicare advocacy
- Health coaching
- VA benefits specialist
- Referrals
- Care coordination



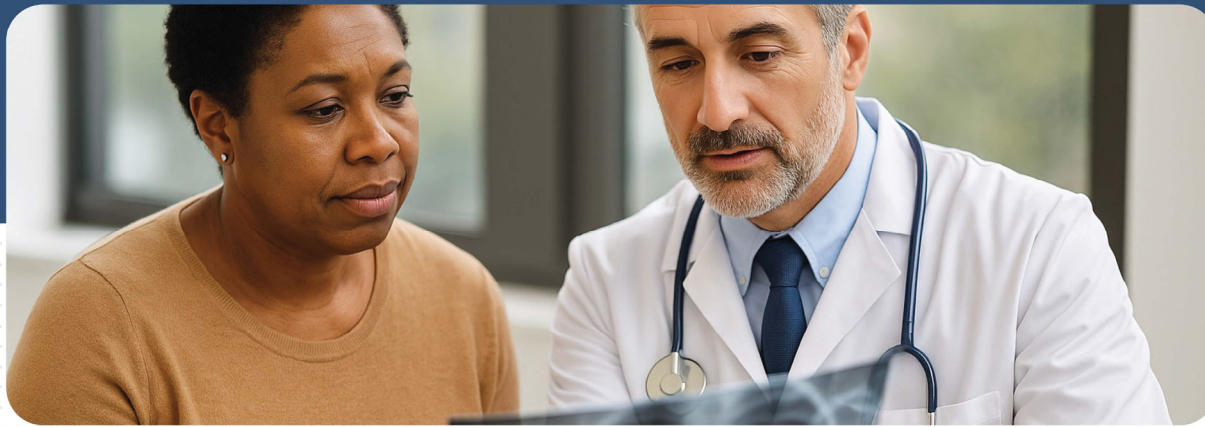
### ABOUT SUNNAV

We provide expert healthcare navigation. At SunNav Healthcare Advocates, LLC, we believe that everyone deserves access to exceptional medical care. Our skilled medical professionals are committed to providing personalized care to each patient, ensuring they are seen and heard. We offer a range of services, from medical assistance, shared decision making, health coaching and more.

### PATIENT ADVOCACY

We are dedicated to providing personalized care, ensuring each patient is seen and heard. By working with us, you'll save time and money while feeling confident in the medical decisions we empower you to make.

As Board Certified Independent Patient Healthcare Advocates, SunNav guides you to the best care possible.



Need to see a specialist?

# WE GIVE YOU A BETTER WAY.

✓ \$0 COPAYS

✓ \$0 DEDECTIBLES

✓ THE BEST SPECIALTY CARE

HealthMe is your new health benefits concierge. Whether you need an MRI, surgery, a second opinion, or just help finding a trusted doctor — our team is here to help, at no cost to you.

## HOW CAN WE HELP YOU?



.....>  
**Follow our Care Options and YOUR COSTS ARE WAIVED.**

Find high-quality doctors and facilities near you.



Save money on imaging and medical procedures.



Talk to a live care navigator who can assist.



Gain more understanding of your plan and benefits.



MEET YOUR DEDICATED CARE NAVIGATOR

**Dora Pozuc**

Director of Care Navigation Operations & Development



CALL HEALTHME

**1-888-488-1551**

## Common Services Available from HealthMe.



Office Visits



Imaging (MRIs)



Physical Therapy

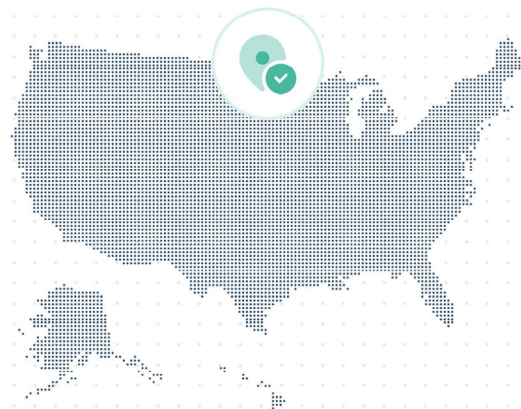


Surgeries

- ✓ Radiology (x-ray, MRI, etc.)
- ✓ Mammograms
- ✓ Orthopedics
- ✓ Physical Therapy
- ✓ Gastroenterology
- ✓ Mental Health
- ✓ Dermatology
- ✓ General Surgery
- ✓ Women's Health
- ✓ ENT
- ✓ Urology
- ✓ Oncology

*\* Our services are constantly being updated, so we recommend you always check with your navigator, Dora, to see if we have options for your care.*

## HealthMe Travel Benefit



Don't see a specialty in your market? We can still help. At your discretion, you can elect to have HealthMe coordinate travel to our specialists elsewhere in the country for your care. This benefit all comes at no cost to you and is your choice.

## How it works.

- 1 Contact Dora.  
Your DPC will also work with Dora.
- 2 HealthMe will search available providers and share options with you.
- 3 If there is a HealthMe match, we will make your appointment.
- 4 Receive your care from the provider and pay \$0 out of pocket.



**SAVE DORA'S  
CONTACT  
INFORMATION  
TO YOUR PHONE  
NOW.**

**BUCKINGHAM COUNTY PUBLIC SCHOOLS  
SCHEDULE OF BENEFITS  
PPO 2000 PLAN**

	<b>IN-NETWORK PROVIDERS</b>	<b>OUT-OF-NETWORK PROVIDERS</b>
<b>MAXIMUM PLAN YEAR BENEFIT AMOUNT</b>	None (unlimited)	
<b>DEDUCTIBLE, PER PLAN YEAR</b>		
Individual <i>(per covered person)</i>	\$2,000	\$4,000
Family	\$4,000	\$8,000
<p>Amounts applied to the Deductible for charges from Network Providers will NOT be used to satisfy the Deductible for charges from Non-Network Providers and vice versa.</p> <p>For family coverage, the Plan has an embedded individual Deductible Amount. This means the Deductible for a Covered Person in the family unit will be satisfied after the Covered Person meets the deductible. The family unit must satisfy the family Deductible before the Plan considers the Deductible met for all Covered Persons in the family.</p>		
<b>MAXIMUM OUT-OF-POCKET AMOUNT, PER PLAN YEAR</b>		
Individual <i>(per covered person)</i>	\$5,500 <i>(includes copays, deductible and coinsurance)</i>	\$13,750 <i>(includes copays, deductible and coinsurance)</i>
Family	\$11,000 <i>(includes copays, deductible and coinsurance)</i>	\$27,500 <i>(includes copays, deductible and coinsurance)</i>
<p>Amounts applied to the Maximum Out-Of-Pocket Amount for charges from Network Providers will NOT be used to satisfy the Maximum Out-of-Pocket Amount for charges from Non-Network Providers and vice versa.</p> <p>For family coverage, the Plan has an embedded individual Maximum Out-of-Pocket Amount. This means Covered Services will be paid at 100% for a Covered Person in the family unit after the Covered Person meets a Maximum Out-of-Pocket Amount. The family unit must satisfy the family Maximum Out-of-Pocket Amount before the Plan will pay benefits at 100% for all Covered Persons in the family.</p> <p>The Plan will pay the designated percentage of Covered Charges until out-of-pocket amounts are reached, at which time the Plan will pay 100% of the remainder of Covered Charges for the rest of the Plan Year unless stated otherwise.</p>		
<p>The following charges do not apply toward the out-of-pocket maximum and are never paid at 100%.</p> <ul style="list-style-type: none"> <li>• Cost containment penalties</li> <li>• Non-Covered Expenses</li> <li>• Amounts that exceed an Allowable Charge</li> <li>• Amounts that exceed benefit maximums</li> </ul> <p style="text-align: center;"><b>NOTE: Prescription drug co-payments ARE included in the out-of-pocket maximum amount.</b></p>		

## COVERED SERVICES

*Percentages listed indicate the portion of the Allowable Charge that the Plan will pay in benefits subject to all exclusions and limitations described in this document. Copayments and deductibles are the Covered Person's responsibility to pay.*

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
<b>PREVENTIVE CARE</b>		
The Plan will cover the following preventive services from a Network Provider with no charge for the Covered Person:		
<ul style="list-style-type: none"> <li>➤ Evidence based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force <i>except</i> for the recommendations issued in or around November of 2009 for breast cancer screening, mammography, and prevention are not considered to be current.</li> <li>➤ Immunizations for routine use in children, adolescents, and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.</li> <li>➤ With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration; and</li> <li>➤ With respect to women, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration.</li> </ul>		
<i>Benefits are subject to frequency guidelines set forth in the Affordable Care Act.</i>		
<b>Routine Well Adult Care</b>		
Office Visit including physical examination	100%, deductible waived	100%, deductible waived
Immunizations/flu shots	100%, deductible waived	100%, deductible waived
Lab tests and X-rays	100%, deductible waived	100%, deductible waived
Gynecological exam	100%, deductible waived	100%, deductible waived
Pap smear	100%, deductible waived	100%, deductible waived
Mammogram	100%, deductible waived	100%, deductible waived
Prostate exam/PSA	100%, deductible waived	100%, deductible waived
Bone Density	100%, deductible waived	100%, deductible waived
Endoscopic Tests (Sigmoidoscopy/Colonoscopy)	100%, deductible waived	100%, deductible waived
Hearing Screening	Not Covered	Not Covered
Annual Vision Exam	Not Covered	Not Covered
Vision Hardware (frames, lenses, and contacts)	Not Covered	Not Covered
<b>Routine Well Child Care (for individuals from age 0 up to age 18)</b>		
Office Visit including physical exam	100%, deductible waived	100%, deductible waived
Lab tests and X-rays	100%, deductible waived	100%, deductible waived
Immunizations/Flu shots	100%, deductible waived	100%, deductible waived
Hearing Screening	Not Covered except as required under the Affordable Care Act	Not Covered
Vision Services (exams, frames, lenses, etc.)	Not Covered except as required under the Affordable Care Act	

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
<b>HOSPITAL SERVICES</b>		
Room and Board* <i>Benefits payable at the facility's semi-private room rate.</i>	80% after deductible	70% after deductible
Intensive Care Unit* <i>Benefits payable at the facility's ICU rate</i>	80% after deductible	70% after deductible
Skilled Nursing Facility*	80% after deductible	70% after deductible
Elective Surgery* <i>In a hospital setting, including Surgeon Charges</i>	80% after deductible	70% after deductible
Emergency Room <i>All services rendered during visit</i>	80% after in-network deductible	
Preadmission Testing	\$30 copayment, deductible waived	70% after deductible
Clinic Services <i>In a hospital setting</i>	\$30 copayment, deductible waived	70% after deductible
Labs <i>In a hospital setting</i>	80% after deductible	70% after deductible
X-Rays <i>In a hospital setting</i>	80% after deductible	70% after deductible
Diagnostic Test <i>In a hospital setting</i>	80% after deductible	70% after deductible
<b>PHYSICIAN SERVICES</b>		
Office Visit – Primary Care Physician	\$30 copayment, deductible waived	70% after deductible
Office Visit – Specialist Care Physician	\$50 copayment, deductible waived	70% after deductible
Telephonic or Virtual Consultations <i>Primary Care Physician</i> <i>Specialist Care Physician</i>	\$30 copayment, deductible waived \$50 copayment, deductible waived	70% after deductible 70% after deductible
Telemedicine via Teladoc <i>General Medicine</i>	\$0 fee	Not Applicable

\*Requires Precertification

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
<b>OTHER SERVICES</b>		
Ambulance Services	80% after in-network deductible	
Organ Transplants*	80% after deductible	70% after deductible
Elective Surgery* <i>All services rendered during an Ambulatory Surgery Center visit</i>	80% after deductible	70% after deductible
Labs <i>In an office setting, free-standing facility, or independent lab</i>	100%, deductible waived	70% after deductible
X-Rays <i>In an office setting or free-standing facility</i>	100%, deductible waived	70% after deductible
Diagnostic Test <i>In an office setting, free-standing facility, or independent lab</i>	100%, deductible waived	70% after deductible
Advanced Imaging*	\$250 copayment, deductible waived	70% after deductible
Maternity Services	80% after deductible <i>Deductible and coinsurance are waived for services included in the recommendations and guidelines listed above in this Schedule under preventive care (e.g., preventive prenatal and breastfeeding support services).</i>	70% after deductible
Termination of Pregnancy <i>When Medically Necessary</i>	80% after deductible	Not covered
Family Planning	100%, deductible waived	Not covered
Home Health Care* <i>Plan Year maximum: 60 visits</i>	80% after deductible	70% after deductible
Infusion Therapy <i>Home or Office setting</i>	80% after deductible	70% after deductible
Hospice Care <i>Includes bereavement services: 6 visits</i>	80% after deductible	70% after deductible
Spinal Manipulation/Chiropractic <i>Plan Year maximum: 30 visits</i>	\$50 copayment, deductible waived	70% after deductible
Massage Therapy	\$50 copayment, deductible waived	70% after deductible
Physical Therapy <i>Plan Year maximum: 30 visits combined with Speech and Occupational Therapy</i>	80% after deductible	70% after deductible
Speech Therapy <i>Plan Year maximum: 30 visits combined with Physical and Occupational Therapy</i>	80% after deductible	70% after deductible
Occupational Therapy <i>Plan Year maximum: 30 visits combined with Physical and Speech Therapy</i>	80% after deductible	70% after deductible
Cardiac Therapy <i>Plan Year maximum: 30 visits</i>	80% after deductible	70% after deductible

\*Requires Precertification

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
<b>OTHER SERVICES</b>		
Urgent Care	\$50 copayment, deductible waived	70% after deductible
Chemotherapy*	80% after deductible	70% after deductible
Radiation Therapy*	80% after deductible	70% after deductible
Diabetes Self-Management Training and Education	\$30 copayment, deductible waived	70% after deductible
Second Surgical Option	\$50 copayment, deductible waived	70% after deductible
Medical and Enteral Formula*	100%, deductible waived	Not covered
Dialysis <i>Limit: First 40 visits for outpatient renal dialysis</i>	80% after deductible	70% after deductible
Allergy Services <i>Includes serum and injections</i>	80% after deductible	70% after deductible
Allergy Testing	\$50 copayment, deductible waived	70% after deductible
Durable Medical Equipment*	80% after deductible	70% after deductible
Hearing Aids	80% after deductible	70% after deductible
Wigs <i>Plan Year maximum: 1 wig</i>	80% after deductible	70% after deductible

*\*Requires Precertification*

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
<b>MENTAL HEALTH DISORDERS</b>		
Inpatient/Partial Hospitalization*	80% after deductible	70% after deductible
Outpatient Facility	80% after deductible	70% after deductible
Office Visit	\$30 copayment, deductible waived	70% after deductible
<b>SUBSTANCE USE DISORDER</b>		
Inpatient/Partial Hospitalization*	80% after deductible	70% after deductible
Outpatient Facility	80% after deductible	70% after deductible
Office Visit	\$30 copayment, deductible waived	70% after deductible

*\*Requires Precertification*

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
<b>ALL OTHER COVERED SERVICES</b>	80% after deductible	70% after deductible

**PRESCRIPTION DRUG BENEFITS  
PPO 2000 PLAN**

**NOTE:** If a Covered Person requests a Brand Name Drug instead of a Generic Drug recommended by the pharmacy, the Covered Person will pay the Brand Name Drug copayment as well as the prescription cost between the Brand Name and the Generic Drug. A Covered Person will not be required to pay the difference in price between a Brand Name and Generic Drug when the Physician writes “DAW,” or “Dispense as Written” on the prescription.

<b>PRESCRIPTION DRUGS</b>		
	<b>RETAIL PHARMACY</b> <i>30-day supply</i>	<b>RETAIL/MAIL ORDER PHARMACY</b> <i>90-day supply</i>
Generic (Tier 1)	\$15 copayment, deductible waived	\$38 copayment, deductible waived
Preferred Brand Name (Tier 2)	\$50 copayment, deductible waived	\$125 copayment, deductible waived
Non-Preferred Brand Name (Tier 3)	\$85 copayment, deductible waived	\$213 copayment, deductible waived
Preventive Drugs (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 copayment, deductible waived	\$0 copayment, deductible waived
<b>SPECIALTY DRUGS</b>		
	<b>SPECIALTY PHARMACY</b> <i>30- day supply</i>	
Specialty Generic	20% up to \$300 copayment, deductible waived	
Specialty Preferred Brand Name	20% up to \$300 copayment, deductible waived	
Specialty Non-Preferred Brand Name	20% up to \$300 copayment, deductible waived	

**\* Please note, all Specialty medication must be obtained via the CVS Caremark Specialty Pharmacy.**

**BUCKINGHAM COUNTY PUBLIC SCHOOLS  
SCHEDULE OF BENEFITS  
PPO 4000 PLAN**

	<b>IN-NETWORK PROVIDERS</b>	<b>OUT-OF-NETWORK PROVIDERS</b>
<b>MAXIMUM PLAN YEAR BENEFIT AMOUNT</b>	None (unlimited)	
<b>DEDUCTIBLE, PER PLAN YEAR</b>		
Individual <i>(per covered person)</i>	\$4,000	\$8,000
Family	\$8,000	\$16,000
<p>Amounts applied to the Deductible for charges from Network Providers will NOT be used to satisfy the Deductible for charges from Non-Network Providers and vice versa.</p> <p>For family coverage, the Plan has an embedded individual Deductible Amount. This means the Deductible for a Covered Person in the family unit will be satisfied after the Covered Person meets the deductible. The family unit must satisfy the family Deductible before the Plan considers the Deductible met for all Covered Persons in the family.</p>		
<b>MAXIMUM OUT-OF-POCKET AMOUNT, PER PLAN YEAR</b>		
Individual <i>(per covered person)</i>	\$7,350 <i>(includes copays, deductible and coinsurance)</i>	\$18,375 <i>(includes copays, deductible and coinsurance)</i>
Family	\$14,700 <i>(includes copays, deductible and coinsurance)</i>	\$36,750 <i>(includes copays, deductible and coinsurance)</i>
<p>Amounts applied to the Maximum Out-Of-Pocket Amount for charges from Network Providers will NOT be used to satisfy the Maximum Out-of-Pocket Amount for charges from Non-Network Providers and vice versa.</p> <p>For family coverage, the Plan has an embedded individual Maximum Out-of-Pocket Amount. This means Covered Services will be paid at 100% for a Covered Person in the family unit after the Covered Person meets a Maximum Out-of-Pocket Amount. The family unit must satisfy the family Maximum Out-of-Pocket Amount before the Plan will pay benefits at 100% for all Covered Persons in the family.</p> <p>The Plan will pay the designated percentage of Covered Charges until out-of-pocket amounts are reached, at which time the Plan will pay 100% of the remainder of Covered Charges for the rest of the Plan Year unless stated otherwise.</p>		
<p>The following charges do not apply toward the out-of-pocket maximum and are never paid at 100%.</p> <ul style="list-style-type: none"> <li>• Cost containment penalties</li> <li>• Non-Covered Expenses</li> <li>• Amounts that exceed an Allowable Charge</li> <li>• Amounts that exceed benefit maximums</li> </ul> <p style="text-align: center;"><b>NOTE: Prescription drug co-payments ARE included in the out-of-pocket maximum amount.</b></p>		

## COVERED SERVICES

*Percentages listed indicate the portion of the Allowable Charge that the Plan will pay in benefits subject to all exclusions and limitations described in this document. Copayments and deductibles are the Covered Person's responsibility to pay.*

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
<b>PREVENTIVE CARE</b>		
The Plan will cover the following preventive services from a Network Provider with no charge for the Covered Person:		
<ul style="list-style-type: none"> <li>➤ Evidence based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force <i>except</i> for the recommendations issued in or around November of 2009 for breast cancer screening, mammography, and prevention are not considered to be current.</li> <li>➤ Immunizations for routine use in children, adolescents, and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.</li> <li>➤ With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration; and</li> <li>➤ With respect to women, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration.</li> </ul>		
<i>Benefits are subject to frequency guidelines set forth in the Affordable Care Act.</i>		
<b>Routine Well Adult Care</b>		
Office Visit including physical examination	100%, deductible waived	100%, deductible waived
Immunizations/flu shots	100%, deductible waived	100%, deductible waived
Lab tests and X-rays	100%, deductible waived	100%, deductible waived
Gynecological exam	100%, deductible waived	100%, deductible waived
Pap smear	100%, deductible waived	100%, deductible waived
Mammogram	100%, deductible waived	100%, deductible waived
Prostate exam/PSA	100%, deductible waived	100%, deductible waived
Bone Density	100%, deductible waived	100%, deductible waived
Endoscopic Tests (Sigmoidoscopy/Colonoscopy)	100%, deductible waived	100%, deductible waived
Hearing Screening	Not Covered	Not Covered
Annual Vision Exam	Not Covered	Not Covered
Vision Hardware (frames, lenses, and contacts)	Not Covered	Not Covered
<b>Routine Well Child Care (for individuals from age 0 up to age 18)</b>		
Office Visit including physical exam	100%, deductible waived	100%, deductible waived
Lab tests and X-rays	100%, deductible waived	100%, deductible waived
Immunizations/Flu shots	100%, deductible waived	100%, deductible waived
Hearing Screening	Not Covered except as required under the Affordable Care Act	Not Covered
Vision Services (exams, frames, lenses, etc.)	Not Covered except as required under the Affordable Care Act	

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
<b>HOSPITAL SERVICES</b>		
Room and Board* <i>Benefits payable at the facility's semi-private room rate.</i>	80% after deductible	70% after deductible
Intensive Care Unit* <i>Benefits payable at the facility's ICU rate</i>	80% after deductible	70% after deductible
Skilled Nursing Facility*	80% after deductible	70% after deductible
Elective Surgery* <i>In a hospital setting, including Surgeon Charges</i>	80% after deductible	70% after deductible
Emergency Room <i>All services rendered during visit</i>	80% after in-network deductible	
Preadmission Testing	\$30 copayment, deductible waived	70% after deductible
Clinic Services <i>In a hospital setting</i>	\$30 copayment, deductible waived	70% after deductible
Labs <i>In a hospital setting</i>	80% after deductible	70% after deductible
X-Rays <i>In a hospital setting</i>	80% after deductible	70% after deductible
Diagnostic Test <i>In a hospital setting</i>	80% after deductible	70% after deductible
<b>PHYSICIAN SERVICES</b>		
Office Visit – Primary Care Physician	\$30 copayment, deductible waived	70% after deductible
Office Visit – Specialist Care Physician	\$50 copayment, deductible waived	70% after deductible
Telephonic or Virtual Consultations <i>Primary Care Physician</i> <i>Specialist Care Physician</i>	\$30 copayment, deductible waived \$50 copayment, deductible waived	70% after deductible 70% after deductible
Telemedicine via Teladoc <i>General Medicine</i>	\$0 fee	Not Applicable

\*Requires Precertification

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
<b>OTHER SERVICES</b>		
Ambulance Services	80% after in-network deductible	
Organ Transplants*	80% after deductible	70% after deductible
Elective Surgery* <i>All services rendered during an Ambulatory Surgery Center visit</i>	80% after deductible	70% after deductible
Labs <i>In an office setting, free-standing facility, or independent lab</i>	100%, deductible waived	70% after deductible
X-Rays <i>In an office setting or free-standing facility</i>	100%, deductible waived	70% after deductible
Diagnostic Test <i>In an office setting, free-standing facility, or independent lab</i>	100%, deductible waived	70% after deductible
Advanced Imaging*	\$250 copayment, deductible waived	70% after deductible
Maternity Services	80% after deductible <i>Deductible and coinsurance are waived for services included in the recommendations and guidelines listed above in this Schedule under preventive care (e.g., preventive prenatal and breastfeeding support services).</i>	70% after deductible
Termination of Pregnancy <i>When Medically Necessary</i>	80% after deductible	Not covered
Family Planning	100%, deductible waived	Not covered
Home Health Care* <i>Plan Year maximum: 60 visits</i>	80% after deductible	70% after deductible
Infusion Therapy <i>Home or Office setting</i>	80% after deductible	70% after deductible
Hospice Care <i>Includes bereavement services: 6 visits</i>	80% after deductible	70% after deductible
Spinal Manipulation/Chiropractic <i>Plan Year maximum: 30 visits</i>	\$50 copayment, deductible waived	70% after deductible
Massage Therapy	\$50 copayment, deductible waived	70% after deductible
Physical Therapy <i>Plan Year maximum: 30 visits combined with Speech and Occupational Therapy</i>	80% after deductible	70% after deductible
Speech Therapy <i>Plan Year maximum: 30 visits combined with Physical and Occupational Therapy</i>	80% after deductible	70% after deductible
Occupational Therapy <i>Plan Year maximum: 30 visits combined with Physical and Speech Therapy</i>	80% after deductible	70% after deductible
Cardiac Therapy <i>Plan Year maximum: 30 visits</i>	80% after deductible	70% after deductible

\*Requires Precertification

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
<b>OTHER SERVICES</b>		
Urgent Care	\$50 copayment, deductible waived	70% after deductible
Chemotherapy*	80% after deductible	70% after deductible
Radiation Therapy*	80% after deductible	70% after deductible
Diabetes Self-Management Training and Education	\$30 copayment, deductible waived	70% after deductible
Second Surgical Option	\$50 copayment, deductible waived	70% after deductible
Medical and Enteral Formula*	100%, deductible waived	Not covered
Dialysis <i>Limit: First 40 visits for outpatient renal dialysis</i>	80% after deductible	70% after deductible
Allergy Services <i>Includes serum and injections</i>	80% after deductible	70% after deductible
Allergy Testing	\$50 copayment, deductible waived	70% after deductible
Durable Medical Equipment*	80% after deductible	70% after deductible
Hearing Aids	80% after deductible	70% after deductible
Wigs <i>Plan Year maximum: 1 wig</i>	80% after deductible	70% after deductible

*\*Requires Precertification*

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
<b>MENTAL HEALTH DISORDERS</b>		
Inpatient/Partial Hospitalization*	80% after deductible	70% after deductible
Outpatient Facility	80% after deductible	70% after deductible
Office Visit	\$30 copayment, deductible waived	70% after deductible
<b>SUBSTANCE USE DISORDER</b>		
Inpatient/Partial Hospitalization*	80% after deductible	70% after deductible
Outpatient Facility	80% after deductible	70% after deductible
Office Visit	\$30 copayment, deductible waived	70% after deductible

*\*Requires Precertification*

	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
<b>ALL OTHER COVERED SERVICES</b>	80% after deductible	70% after deductible

**PRESCRIPTION DRUG BENEFITS  
PPO 4000 PLAN**

**NOTE:** If a Covered Person requests a Brand Name Drug instead of a Generic Drug recommended by the pharmacy, the Covered Person will pay the Brand Name Drug copayment as well as the prescription cost between the Brand Name and the Generic Drug. A Covered Person will not be required to pay the difference in price between a Brand Name and Generic Drug when the Physician writes “DAW,” or “Dispense as Written” on the prescription.

<b>PRESCRIPTION DRUGS</b>		
	<b>RETAIL PHARMACY</b> <i>30-day supply</i>	<b>RETAIL/MAIL ORDER PHARMACY</b> <i>90-day supply</i>
Generic (Tier 1)	\$15 copayment, deductible waived	\$38 copayment, deductible waived
Preferred Brand Name (Tier 2)	\$50 copayment, deductible waived	\$125 copayment, deductible waived
Non-Preferred Brand Name (Tier 3)	\$85 copayment, deductible waived	\$213 copayment, deductible waived
Preventive Drugs (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 copayment, deductible waived	\$0 copayment, deductible waived
<b>SPECIALTY DRUGS</b>		
	<b>SPECIALTY PHARMACY</b> <i>30- day supply</i>	
Specialty Generic	20% up to \$300 copayment, deductible waived	
Specialty Preferred Brand Name	20% up to \$300 copayment, deductible waived	
Specialty Non-Preferred Brand Name	20% up to \$300 copayment, deductible waived	

**\* Please note, all Specialty medication must be obtained via the CVS Caremark Specialty Pharmacy.**

## CIGNA NETWORK RATES

<u>HEALTH</u>	<u>Employee Portion</u>	<u>Employer Portion</u>	<u>Total</u>
<b>PPO 30/2000/20% \$2000 Deductible</b>			
Employee	\$ 185.73	\$ 780.37	\$ 966.10
Employee + Children	\$ 315.70	\$ 1,279.63	\$ 1,595.33
Employee + Spouse	\$ 388.73	\$ 1,616.55	\$ 2,005.28
Family	\$ 589.74	\$ 2,337.08	\$ 2,926.82
<b>PPO 30/4000/20% \$4,000 Deductible</b>			
Employee	\$ 104.04	\$ 800.76	\$ 904.80
Employee + Children	\$ 176.17	\$ 1,308.96	\$ 1,485.13
Employee + Spouse	\$ 218.38	\$ 1,650.76	\$ 1,869.14
Family	\$ 329.72	\$ 2,389.63	\$ 2,719.35