SCHOOLCARE Red Open Access

(Formerly Open Access+)

$5/$15/$35 Rx

SUMMARY OF BENEFITS

Benefits outlined below are intended as a general summary and are covered only when using a Cigna participating provider. All benefits are subject to the terms and conditions of your Health Benefits Booklet. In the event of any inconsistency between this Summary and the Health Benefits Booklet, the provisions as defined in the Health Benefits Booklet and Endorsements will govern. Covered benefits are subject to review for medical necessity. Plan year is defined from July 1 through June 30.

BENEFITS	RED OPEN ACCESS (In Network Benefits Only)
DEDUCTIBLES, MAXIMUMS*	**YOU PAY**
Plan Year Deductible (Medical)	Individual: $250; Family: $500
Coinsurance (Medical)	20%
Out-of-Pocket Maximum/Plan Year (Medical)	Individual: $1,000; Family: $2,000
Out-of-Pocket Maximum/Plan Year (Prescription Drugs)	Individual: $2,000; Family: $4,000
Maximum Lifetime Benefit	Unlimited
*No one person will incur more than the individual deductible/out-of-pocket maximum	
PREVENTIVE CARE*	
Routine Physical Examination	$0
Routine Immunizations	$0
Hearing Tests	$0
Well Child Preventive Care	$0
Well Woman Preventive Care	$0
Adult Preventive Care	$0
Additional services such as urinalysis and EKG	$0
Routine Eye Exam (one every 12 months for all ages)	$0
Discounts Available for Eyewear	
* Includes Naturopathic Services, Routine Laboratory	
OTHER PHYSICIAN SERVICES*	
Office Visits and/or Office Surgery	Deductible, then 20% to the Out of Pocket Maximum
Maternity Care	Deductible, then 20% to the Out of Pocket Maximum
* Includes Naturopathic Services	
OUTPATIENT DIAGNOSTIC TESTING	Deductible, then 20% to the Out of Pocket Maximum
Radiology and Laboratory Services (Prior authorization required for some tests)	
HOSPITAL CARE	Deductible, then 20% to the Out of Pocket Maximum
Inpatient Services	(Inpatient admissions and some outpatient procedures require prior authorization)
Same Day or Outpatient Surgery	
Radiation and Chemotherapy	
Physician Visits and Services	
Anesthesiologist Services	
Operating Room	
X-ray and Laboratory Services	
Medications and Supplies	
Newborn Care	

All copays and coinsurance contribute to the Out-of-Pocket Maximums.

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BENEFITS	RED OPEN ACCESS (In Network Benefits Only)
EMERGENCY & URGENT CARE *(Medically Necessary and Worldwide)* Hospital Emergency Room Urgent Care Facility	**YOU PAY** $50 per visit (waived if admitted) $25 per visit (waived if admitted)
MENTAL HEALTH/SUBSTANCE ABUSE OUTPATIENT (Physician's office) INPATIENT HOSPITALIZATION AND OUTPATIENT FACILITY (Prior authorization required)	 $0 $0
PRESCRIPTION DRUGS Through participating pharmacies Oral contraceptives (generic) covered at $0 copay (Prior authorization required for some drugs)	 Retail: (30 day supply) $5 generic/$15 preferred brand name/$35 non-preferred brand name drugs. Maintenance: (90 day supply) $0 generic/$15 preferred brand name/$35 non-preferred brand name drugs available only through Cigna Home Delivery mail order.
PHYSICAL, OCCUPATIONAL AND SPEECH THERAPIES OUTPATIENT: short-term rehab, up to 60 days per person/per plan year, includes PT, OT, ST and cardiac rehab (combined maximum). INPATIENT (Prior authorization required)	 Deductible, then 20% to the Out of Pocket Maximum Deductible, then 20% to the Out of Pocket Maximum
CHIROPRACTIC CARE 20 days per person/per plan year	Deductible, then 20% to the Out of Pocket Maximum
ACUPUNCTURE* *(In or Out of Network)* 12 days per person/per plan year *Coverage based on Cigna medical guidelines.	Deductible, then 20% to the Out of Pocket Maximum
DURABLE MEDICAL EQUIPMENT	Deductible, then 20% to the Out of Pocket Maximum
EXTERNAL PROSTHETIC APPLIANCES	Deductible, then 20% to the Out of Pocket Maximum
OTHER BENEFITS ORAL SURGERY *(accidents only)* REMOVAL OF BONEY IMPACTED WISDOM TEETH SKILLED NURSING CARE *(100 days per person/per plan year maximum)* AMBULANCE *(if not a true emergency, services are not covered)* BLOOD TRANSFUSIONS HOME HEALTH SERVICES HOSPICE	All other covered services subject to plan year deductible and 20% coinsurance to the out-of-pocket maximum for the plan year.
GOOD FOR YOU! by SCHOOLCARE Health and Wellness Incentives, Employee Assistance Program	 Included