# SCHOOLCARE Red 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 Open Access Plus Network 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<br>(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 | All copays and coinsurance contribute to the Out-of-Pocket Maximums. |
| PREVENTIVE CARE *(Includes Naturopath Services, Routine Laboratory & Diagnostic Testing)* | |
| Routine Physical Examination (Physician's Office or Virtual Care) | $0 |
| Additional services such as urinalysis, EKG and other laboratory tests when billed as part of preventive care visit | $0 |
| Routine Immunizations | $0 |
| Mammogram, PAP and PSA Tests | $0 |
| Routine Eye Exam (one every 12 months for all ages) Discounts Available for Eyewear | $0 |
| Routine Hearing Exam | $0 |
| OTHER PHYSICIAN SERVICES *(Includes Naturopath 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 |
| Virtual Care Visit *(see details on myCigna.com)* | Deductible, then 20% to the Out of Pocket Maximum |
| 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 including Newborn Care | (Inpatient admissions and some outpatient procedures require prior authorization) |
| Same Day or Outpatient Surgery | |
| Physician Visits and Services | |
| Surgeon, Radiologist, Pathologist and Anesthesiologist Services | |
| Operating Room | |
| Lab and Radiology Services, including Advanced Radiological Imaging as well as Medical Specialty Drugs | |

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|---|---|
| EMERGENCY & URGENT CARE *(Medically Necessary and Worldwide)*<br>Hospital Emergency Room<br>Urgent Care Facility (Including MDLive Virtual Care) | **YOU PAY**<br>$50 per visit (waived if admitted)<br>$25 per visit (waived if admitted) |
| MENTAL HEALTH/SUBSTANCE USE DISORDER<br>OUTPATIENT (Physician's office or Virtual Care)<br>INPATIENT HOSPITALIZATION AND OUTPATIENT FACILITY<br>(Prior authorization required) | <br>$0<br>$0 |
| PRESCRIPTION DRUGS<br>Cigna Participating Pharmacies<br>Go to Cigna.com/Rx90network for listing of 90-day network retail pharmacies<br>Certain Preventive Generic Drugs including contraceptives: $0<br>(Prior authorization and step therapy are required for some drugs) | Retail - up to 90-day supply: $5 generic/$15 preferred brand name/$35 non-preferred brand name drugs<br>Mail Order – up to 90-day supply: $0 generic/$15 preferred brand name/$35 non-preferred brand name drugs available through Express Scripts Home Delivery mail order<br>Specialty Drugs: 30-day supply only, filled through Accredo Home Delivery mail order |
| PHYSICAL, OCCUPATIONAL AND SPEECH THERAPIES<br>OUTPATIENT: short-term rehab, up to 60 days per person/per plan year, includes PT, OT, ST and cardiac rehab (combined maximum).<br>INPATIENT (Prior authorization required) | Deductible, then 20% to the Out of Pocket Maximum<br>Deductible, then 20% to the Out of Pocket Maximum |
| CHIROPRACTIC CARE<br>20 days per person/per plan year | Deductible, then 20% to the Out of Pocket Maximum |
| ACUPUNCTURE† *(In or Out of Network)*<br>12 days per person/per plan year<br>†*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<br>AMBULANCE *(if not a true emergency, services are not covered)*<br>BLOOD TRANSFUSIONS<br>GENDER AFFIRMATION SERVICES<br>HOME HEALTH & HOSPICE SERVICES<br>INFERTILTY TREATMENT Go to managed.winfertility.com/schoolcare<br>ORAL SURGERY *(accidents only)*<br>REMOVAL OF BONEY IMPACTED WISDOM TEETH<br>SKILLED NURSING CARE *(100 days per person/per plan year* | All other covered services subject to plan year deductible and 20% coinsurance to the out-of-pocket maximum for the plan year. |
| EMPLOYEE ASSISTANCE PROGRAM | Included |
| ***GOOD FOR YOU!*** by SCHOOLCARE<br>WELL-BEING INCENTIVES | <br>Included – $600 each for subscriber and covered spouse |