

24/25 Medical Plan

New Coverage will be effective 8/1

	Tier 1	Tier 2	Out of Network	HRA
Provider	AIMM Guided <i>Call the Nurse</i>	In Network - Cigna	Out of Network	Ameriflex
PCP Doctor visit	No Charge	\$50 copay deductible waived	50% of the Maximum Allowable Charge after Deductible	\$ 500 AFM HRA for doctor visits to use only if the doctor was out-of-network OR if the employee did not utilize guided care
Specialist Visit	No Charge	\$75 copay deductible waived		
Virtual Doctor Visit (telemedicine)	N/A	No Charge	N/A	N/A
Diagnostic tests (x-ray, bloodwork, labs)	No Charge	20% coinsurance after deductible	50% of the Maximum Allowable Charge after Deductible	N/A
Imaging (MRI/CT/PET)	No Charge	20% coinsurance after deductible		
Urgent Care	No Charge	\$75 copay		
Emergency Room	N/A	\$300 copay		
Outpatient Surgery	No Charge	20% coinsurance after deductible	50% of the Maximum Allowable Charge after Deductible	N/A
Hospitalization	No Charge	20% coinsurance after deductible		
Deductible Single/Family (In-Network)	N/A	\$2,000 / \$4,000	\$4,000 / \$8,000	
Coinsurance	N/A	20%	50% of the Maximum Allowable Charge after Deductible	
Out of Pocket Max Single/Family (In-Network)	N/A	\$7,000 / \$14,000	\$14,000 / \$28,000	
Rx Perscription Drugs				
(Generic) Tier 1	\$0 copay			N/A
Tier 2	\$35 copay			
Tier 3	\$70 copay			
(Specialty) Tier 4	20% coinsurance (deductible waived) * Optional programs can be sourced for as low as \$0. Please contact your Rx manager for more information on potential savings opportunities			

Disclaimer – The benefits shown are illustrative and do not reflect the entirety of your plan coverage. For exact benefit coverage information please refer to the actual plan summaries, plan document, and SBCS for coverages, limitations, and/or exclusions.