



Summary of Benefits & Coverage

EPO \$1,000/\$2,000 MM Deductible

Rates effective as of January 1, 2026
EPO in-network

Network Options:
CIGNA EPO

*This plan is underwritten by Benefit Logistic Captive Insurance Co, Inc NAIC #17633 and not by Cigna.

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| Professional Services | PPO In-Network Benefits |
|--|---|
| In-network Provider: The provider network is shown on your I.D. card. For help locating in-network providers, click here . | |
| Deductible • Individual • Family | \$1,000 \$2,000 |
| Out-of-Pocket Maximum - Including Deductible • Individual • Family | \$9,200 \$18,400 |
| 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 the Office | See Outpatient Surgery |
| Chiropractic Care 12 visits per calendar year maximum | \$50 Copay (After Deductible) |
| Therapies: Physical, Speech, Occupational, Cardiac & Respiratory 16 visits per calendar year maximum combined | \$50 Copay/Visit (After Deductible) |
| Labs | \$25 Copay After Deductible |
| X-rays | \$50 Copay After Deductible |
| Diagnostic Testing/Advanced Imaging (Pre-certification Required) | \$200 Copay After Deductible |
| Telemedicine through OurLiveDoc ONLY Primary and Urgent Care, Behavioral Health Call: 940-LIVE-DOC (940-548-3362) to get started | \$0 Copay Unlimited visits |
| Emergency Services (Pre-certification is required within 48 hours of admission, if admitted) | Participating Provider |
| Emergency Room Care Please note that for a true medical emergency, any provider may be used | \$1,000 Copay (After Deductible) |
| Ambulance | \$250 Copay (After Deductible) |
| Inpatient or Partial Hospitalization Services (Precertification Required) | Participating Provider |
| 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 Rehabilitation Facility | \$50 Copay/Day (After Deductible) |

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|---|--|
| Hospice 30-day limit per Lifetime | \$0 Copay (After Deductible) |
| Organ Transplant | \$2,500 Copay/Admission (After Deductible) |
| Outpatient Services (Precertification Required) | Participating Provider |
| 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 | Participating Provider |
| Preventive Care Including but not limited to: Annual Wellness Exams, Labs and Immunizations See Preventative Care Guide | \$0 Copay \$0 Deductible |
| Maternity Services | Participating Provider |
| Pregnancy, Maternity <ul style="list-style-type: none"> Routine Vaginal Delivery Routine C-section Delivery All other Maternity Service (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 | Participating Provider |
| Home Health Care Visits (Pre-certification Required) 10 visits per Benefit Year | \$50 Copay/Visit (After Deductible) |
| Durable Medical Equipment (DME) (Precertification Required) Copayment is applied per item received. 5 items /benefit period. | \$50 Copay/Item (After Deductible) |
| Diabetic Nutritional Counseling (1 visit per plan year) | \$0 Copay (After Deductible) |
| Prosthetics (Pre-certification Required) (1 item per Benefit Plan Year) | \$50 Copay/Item (After Deductible) |

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|---|---|------------------------------------|
| Allergies <ul style="list-style-type: none"> • Shots • Visits/Testing | <p style="text-align: center;">\$25 Copay (After Deductible)</p> <p style="text-align: center;">\$50 Copay/Visit (After Deductible)</p> | |
| Prescription Drugs | | |
| Retail Pharmacy Copayments 30-day supply at retail pharmacies Mail order required for maintenance medication after initial 30-day supply | Preventive Medicine Rx - Generic or Brand (See Formulary) | \$0 Copay |
| | Generic Drugs - Urgent Care Rx (See Formulary) | \$0 Copay |
| | Generic Drugs - Maintenance Rx (See Formulary) | \$0 Copay |
| | Preferred Brand Name Drugs | PAP Available |
| | Non-Preferred Brand Name Drugs | PAP Available |
| | Specialty Drugs | PAP Available |
| Mail Order or Retail Pharmacy Copayments 90-day supply maintenance medication | Generic Drugs (See Formulary) | \$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 | ProAct | |
| Phone 24/7/365 | 1-877-635-9545 | |
| Website | https://secure.proactrx.com/ | |
| Formulary | https://bit.ly/4j9crFR | |
| Mail Order/Telehealth | https://bit.ly/4j9crFR | |
| Failure to obtain authorization will result in penalties. The penalty may be a 50% reduction of allowed charges or denial of claim. | | |
| Elective Surgery will not be covered for the first 90 days of coverage. | | |
| If you're facing a true emergency, such as severe injury or life-threatening symptoms, you may go to the closest emergency room with no out of network penalty or denial. | | |
| In the case authorization is required for an emergency admission, there is a 48-hour grace period or next business day. | | |
| The contents are not to be accepted or construed as a substitute for the provisions of the plan document or summary plan description, which contains more exact terms and detailed provisions of the plan, and it is not to be considered a policy of insurance | | |

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