Santa Fuel

HSA $2,000 Plan Benefit Summary
Cigna PPO Choice Network

The Individual Deductible and Maximum Out-of-Pocket applies if you have coverage only for yourself. The Family Deductible and Maximum Out-of-Pocket applies if you have coverage for yourself and one or more eligible dependents. Each Individual on the Family plan will only need to satisfy the Individual Deductible and Maximum Out-of-Pocket, not the full Family amount. Each Individual's charges will accrue towards the Family amounts

	IN-NETWORK	OUT-OF-NETWORK
Deductible		
Per Individual:	$2,000	$4,000
Per Family:	$4,000	$8,000
Coinsurance	After Deductible is satisfied, the Plan pays 100% of the allowable amount, until the in network out-of-pocket maximum is reached. The plan will then pay 100% for the remainder of the Plan year, unless otherwise noted.	After Deductible is satisfied, the Plan pays 50% of the allowable amount, until the out of network out-of-pocket maximum is reached. The plan will then pay 100% for the remainder of the Plan year, unless otherwise noted.
Out-of-Pocket Maximum (includes Coinsurance, Deductible and Medical and Rx copays)		
Per Person:	$3,000	$8,000
Family Maximum:	$6,000	$16,000

The following expenses will not apply toward the Out-of-Pocket Amount and are never paid at 100%: Cost Management penalties

Annual & Lifetime Maximum Benefit	Unlimited	Unlimited

Preventive/Routine Care		
Child Care Exam: Birth to age 1: unlimited Age 1 to 4: unlimited Age 5 to 18: yearly visits	100% paid by plan	Plan pays 50% after deductible
(Care includes Office Visits, Physical Examination, Assessments, Immunizations, Vision Screening and Lab & Diagnostic Testing per the Patient Protection and Affordable Care Act guidelines. **Routine Services not covered at an Urgent Care facility.**		
Adult Care Exam: Yearly exam	100% paid by plan	Plan pays 50% after deductible
(Adult care physical exam includes Office Visits, Immunization, Assessments and Lab & Diagnostic Testing per the Patient Protection and Affordable Care Act guidelines. **Routine Services not covered at an Urgent Care facility.**		
Gynecological Exam & Pap Smear: 1 every Plan Year	100% paid by plan	Plan pays 50% after deductible
Mammography Exams - Baseline: Age 35 to 39: 1 Lifetime	100% paid by plan	Plan pays 50% after deductible
Mammography Exams - Routine: Age 40 and older: 1 every Plan Year	100% paid by plan	Plan pays 50% after deductible
Breast Ultrasound – Routine 1 every Plan Year	100% paid by plan	Plan pays 50% after deductible
Colonoscopy Screening – Routine Over age 45: 1 every Plan Year	100% paid by plan	Plan pays 50% after deductible
Prostate Cancer Screening Over age 50: 1 every Plan Year	100% paid by plan	Plan pays 50% after deductible

In-Network preventive services, as defined by the United States Preventive Task Force, are covered without member cost share (deductible, copayment or coinsurance). A current listing of required preventive care can be accessed at www.Healthcare.gov/center/regulations/prevention.html.

Exams may be conducted more frequently if deemed Medically Necessary by an attending physician. A statement describing the medical necessity will be required of the attending physician as evidence for the Claim Administrator.

SERVICE –All services with an* require precertification	IN-NETWORK	OUT-OF-NETWORK
Acupuncture 20 visits per Plan Year	Plan pays 100% after deductible	Plan pays 50% after deductible
Allergy Testing & Injections	Plan pays 100% after deductible	Plan pays 50% after deductible
Anesthesia	Plan pays 100% after deductible	Plan pays 50% after deductible
Autism Spectrum Disorder/ ABA Therapy	Plan pays 100% after deductible	Plan pays 50% after deductible
Cardiac Rehabilitation 60 visits per Plan Year	Plan pays 100% after deductible	Plan pays 50% after deductible
Chiropractic Services 20 visits per Plan Year	Plan pays 100% after deductible	Plan pays 50% after deductible
Diabetic Equipment and Supplies	Diabetic Equipment and Supplies are available through the Pharmacy, your cost share responsibility will be the same cost share amount reflected under the Prescription Drug section (based on the tier the item is placed). Depending upon where the Covered Health Care Service is provided, benefits for diabetes self-managent items will be the same as those stated under Durable Medical Equipment (DME), Orthotics and Supplies.	Plan pays 50% after deductible
Dialysis Treatment	Plan pays 100% after deductible	Plan pays 50% after deductible
Durable Medical Equipment / Orthics and Supplies Benefits are limited to a single purchase/rental of a type of DME or orthotic every three years. Repair and/or replacement of DME or orthotics would apply to this limit in the same manner as a purchase. This limit does not apply to wound vacuums, which are limited to a single purchase/rental (including repair/replacement) every three years. Excludes foot orthotics except for diabetic preventive foot care.	Plan pays 100% after deductible	Plan pays 50% after deductible
Early Intervention Services	Plan pays 100% after deductible	Plan pays 50% after deductible
Hearing Aids 1 aid per ear every 24 months. Repair and/or replacement would apply to this limit in the same manner as a purchase.	Plan pays 100% after deductible	Plan pays 50% after deductible

SERVICE –All services with an* require precertification	IN-NETWORK	OUT-OF-NETWORK
Home Health Care* 100 visits per year	Plan pays 100% after deductible	Plan pays 50% after deductible
Hospice Care	Plan pays 100% after deductible	Plan pays 50% after deductible
Infertility Testing & Treatment Ovulation induction is limited to a maximum benefit of 4 cycles. Intrauterine insemination is limited to a maximum benefit of 3 cycles. IVF, GIFT, ZIFT or low tubal ovum transfer are limited to a maximum of 2 cycles, with not more than 2 embryo implantations per cycle.	Plan pays 100% after deductible	Plan pays 50% after deductible
Infusion / Injection Therapy*	Plan pays 100% after deductible	Plan pays 50% after deductible
Laboratory Limited it 18 Presumptive Drug tests per Plan Year. Limited to 18 Definitive Drug Tests per Plan Year.	Plan pays 100% after deductible	Plan pays 50% after deductible
Maternity	The amount a member pays is based on the place of service except that an annual deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.	Plan pays 50% after deductible
MRI, CAT & PET Scans*	Plan pays 100% after deductible	Plan pays 50% after deductible
Office Surgery	Plan pays 100% after deductible	Plan pays 50% after deductible
Ostomy Supplies	Plan pays 100% after deductible	Plan pays 50% after deductible
Outpatient Surgical*	Plan pays 100% after deductible	Plan pays 50% after deductible
Physician Visit (Inpatient stay)	Plan pays 100% after deductible	Plan pays 50% after deductible
Primary Care Office Visit	Plan pays 100% after deductible	Plan pays 50% after deductible
Prosthetic Appliance/Devices	Plan pays 100% after deductible	Plan pays 50% after deductible
Radiation/Chemotherapy*	Plan pays 100% after deductible	Plan pays 50% after deductible
Sleep Apnea/Sleep Disorders	Plan pays 100% after deductible	Plan pays 50% after deductible
Specialist Consultations	Plan pays 100% after deductible	Plan pays 50% after deductible
Surgeon's Fees	Plan pays 100% after deductible	Plan pays 50% after deductible

SERVICE –All services with an* require precertification	IN-NETWORK	OUT-OF-NETWORK
Telemedicine *Remote medical visits with a regular medical provider*	Follows either Primary Care Physician or Specialist copay	Plan pays 50% after deductible
Rehabilitative/Habilitative Therapies • Occupational Therapy 60 visits per Plan Year • Physical Therapy 60 visits per Plan Year • Speech Therapy 60 visits per Plan Year • Cognitive Rehabilitation Therapy 60 visits per Plan Year • Pulmonary Rehabilitation Therapy 60 visits per Plan Year • Post-Cochlear Implant Aural Therapy 30 visits per Plan Year Note: The first three network visits for any combination of physical therapy and chiropractic services for a new dx of low back pain are not subject to any copay, coinsurance or deductible and subject to the annual visit limit.	Plan pays 100% after deductible	Plan pays 50% after deductible
Wig (After chemotherapy only)	Plan pays 100% after deductible	Plan pays 50% after deductible
X-ray	Plan pays 100% after deductible A member will pay no more than a $20 copay for a diagnostic Mammography Ultrasound.	Plan pays 50% after deductible
Organ Transplant * Services covered by Organ Transplant Centers of Excellence Facilities. Contact Claim Administrator for details	Plan pays 100% after deductible	Plan pays 50% after deductible

HOSPITAL/FACILITY CARE		
Ambulance Service	Plan pays 100% after deductible	Same as in-network
Emergency Room	Plan pays 100% after deductible	Same as in-network
Accidental Dental Limited to $3,000 per Plan Year. Benefits are further limited to $900 per tooth.	Plan pays 100% after deductible	Plan pays 50% after deductible
Room & Board- Semi-Private, ICU & Other Special Units*	Plan pays 100% after deductible	Plan pays 50% after deductible
Skilled Nursing Facility/ Extended Care* (90 visits per Plan Year)	Plan pays 100% after deductible	Plan pays 50% after deductible
Urgent Care	Plan pays 100% after deductible	Plan pays 50% after deductible

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES		
Inpatient Rehabilitation*	Plan pays 100% after deductible	Plan pays 50% after deductible
Outpatient Treatment Office Visit	Plan pays 100% after deductible	Plan pays 50% after deductible
Outpatient Treatment Intensive Hospital outpatient services and partial hospitalization	Plan pays 100% after deductible	Plan pays 50% after deductible

NOTE: In-Network and Out-of-Network provider day/visit or dollar limits are combined where applicable.

PRESCRIPTIONS	RETAIL (31-DAY SUPPLY)	MAIL ORDER (90-DAY SUPPLY)
Preventive	$0 copay	$0 copay
Generic	$5 copay after deductible	$12.50 copay after deductible
Preferred Brand	$25 copay after deductible	$62.50 copay after deductible
Non-Preferred Brand	$40 copay after deductible	$100 copay after deductible
International Program	Copay and deductible waived	

This summary is intended to be a brief outline of coverage and is not intended to be a legal contract.