Corpsmember Health Plan — Medical, Prescription & AD&D



September 1, 2024 to August 31, 2025

Medical by Cigna, AD&D by Everest Medical Group Number: 3338030



Benefit / Provision	Cigna Provider	Out-of-Network
Deductible Per Plan Year (September 1 – August 31)		
(Applies to all services except in-network Preventive and Office Visits)	\$175	\$350
Out-of-Pocket Maximum		
(Includes Deductible)	\$2,750	\$5,500
Lifetime Maximum	Unlimited	
Preventive (Routine) Care	100% (no deductible)	50%
Prescription Drugs (Express Scripts Value List)*	80%	50%
Telehealth (MDLive; includes Behavioral Health)	(no deductible) \$5 copay	
Office Visits	(no deductible)	
Primary Care	\$10 copay	
Tier 1 Specialist (see coverage checklist for access)	\$10 copay	50%
Non-Tier 1 Specialist	\$20 copay	
Professional Services		
(Surgery, Lab & X-Ray)	80%	50%
Urgent Care	\$20 co-pay, then covered at 80%	
Ambulance	80%	
Emergency Room	\$100 co-pay, then covered at 80%	
Hospital (Inpatient pre-authorization required)*	80%	50%
Mental Health		
Inpatient	80%	50%
Office Visit	\$10 copay	50%
Chemical Dependency (Inpatient and Outpatient)	80%	50%
Outpatient Rehabilitation - 20 visits per Plan Year		
(Physical, Speech, Occupational, Cardiac therapies and Chiropractic)	80%	50%
Employee Assistance Program (EAP)	24/7 telephonic support, 3 free face-to-face visits for life even	
	Call 877-231-1492	
	Juli 011-21	
AD&D	\$10,000	

*Cigna requires pre-authorization for all inpatient hospital, some outpatient procedures and certain drugs.

Benefits end at the close of the month in which active service concludes. Members may get free assistance in finding individual health coverage (and potentially qualifying for credits) through **Via Benefits** (see separate flyer).

This is a summary of benefit coverage. Further detail can be found by contacting Cigna. Out-of-network coverage is based on Cigna's maximum allowable charge and may result in additional out-of-pocket expenses.