

| Plan Features                                      | Cigna CDHP + HSA                                                                                                         |                                                     |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
|                                                    | In-Network                                                                                                               | Out-of-Network                                      |
| Annual Deductible*<br>Individual/Family            | \$2,000/\$4,000<br>(in-and out-of-network combined)                                                                      | \$2,000/\$4,000<br>(in-and out-of-network combined) |
| Annual Out-of-Pocket Maximum*<br>Individual/Family | \$3,000/\$6,000<br>(in-and out-of-network combined)                                                                      | \$4,000/\$8,000<br>(in-and out-of-network combined) |
| HSA Eligible                                       | Yes                                                                                                                      |                                                     |
| Copay or Coinsurance?                              | This plan features coinsurance. Once you meet your entire deductible, you'll pay a percentage of the total service cost. |                                                     |
| Covered Services                                   | Your Costs for Services                                                                                                  |                                                     |
|                                                    | In-Network                                                                                                               | Out-of-Network                                      |
| Preventive Care Services                           | No charge, deductible waived                                                                                             | 30%                                                 |
| Primary Doctor, Specialist, and Telemedicine       | 10% after deductible                                                                                                     | 30%                                                 |
| Mental Health Visits                               | 10% after deductible                                                                                                     | 90% after deductible                                |
| Lab and X-Ray                                      | 10% after deductible                                                                                                     | 30%                                                 |
| Urgent Care                                        | 10% after deductible                                                                                                     | 10%                                                 |
| Emergency Room                                     | 10% after deductible (waived if admitted)                                                                                | 10%                                                 |
| Inpatient Hospitalization                          | 10% after deductible                                                                                                     | 30%                                                 |
| Outpatient Surgery                                 | 10% after deductible                                                                                                     | 30%                                                 |
| Acupuncture                                        | 10% after deductible<br>(30 visits)                                                                                      | 30% { 30 visits)                                    |
| Chiropractic Care/Spinal                           | 10% after deductible<br>(30 visits)                                                                                      | 30% { 30 visits)                                    |

\*Cigna annual deductible and out-of-pocket maximum are on a plan year basis, 8/1 through 7/31.