

SUMMARY OF BENEFITS

Aeries Software
**CIGNA
High Plan**
1/1/2026
to
12/31/2026

 Swipe card for benefit listed under the "Difference Card Pays" column.


 Submit a claim for reimbursement with EOB for payment.

TYPE OF VISIT
YOU PAY
DIFFERENCE CARD PAYS
CIGNA BENEFIT
PHYSICIAN SERVICES
Primary Care Office Visit Copay

Remaining Costs

First \$5,500/\$11,000

Deductible

Specialist Office Visit Copay

Remaining Costs

First \$5,500/\$11,000

Deductible

Preventive Care / Screening / Immunization

No Charge

Urgent Care

Remaining Costs

First \$5,500/\$11,000

Deductible

PHARMACY
Prescription Deductible Application

Integrated with Medical Deductible

Prescription Individual Deductible

 Integrates w/ Medical
Deductible

Prescription Family Deductible

Remaining Costs

First \$5,500/\$11,000

Retail Prescriptions

AD: \$10/\$30/\$50/20%

Mail Order Prescriptions

\$25/\$75/\$125/20%

DIAGNOSTIC PROCEDURES
Diagnostic Test- Lab Bloodwork

Remaining Costs

First \$5,500/\$11,000

Deductible

Diagnostic Test X-Ray

Remaining Costs

First \$5,500/\$11,000

Deductible

Complex Imaging (CT/Pet Scans, MRIs)

Remaining Costs

First \$5,500/\$11,000

Deductible

HOSPITAL SERVICES
Emergency Room Care

Remaining Costs

First \$5,500/\$11,000

Deductible

Outpatient Surgery

Remaining Costs

First \$5,500/\$11,000

Deductible

Inpatient Hospital

Remaining Costs

First \$5,500/\$11,000

Deductible

IN NETWORK DEDUCTIBLE & COINSURANCE
Qualified High Deductible Health Plan

No

Yes

Deductible Accumulation Period

Calendar year

Family Deductible Accumulation Type

Family Total Accumulation

Individual Accumulation

In-Network Individual Deductible

Last \$3,000

First \$5,500

\$8,500

In-Network Family Deductible

Last \$6,000

First \$11,000

\$17,000

OUT OF NETWORK DEDUCTIBLE & COINSURANCE
Out-of-Network Individual Deductible

First \$10,500

Last \$6,500

\$17,000

Out-of-Network Family Deductible

First \$21,000

Last \$13,000

\$34,000

Out-of-Network Individual Coinsurance Limit

\$17,000

\$0

50% to \$17,000

Out-of-Network Family Coinsurance Limit

\$34,000

\$0

50% to \$34,000

In-Network Family Multiplier

2

Out-of-Network Family Multiplier

2

Mail Order Multiplier

2.5

All claims must be submitted within 3 months of the end of the deductible accumulation period.

Terminated members must submit claims within 3 months of the termination date.

All Out-of-Network Services are subject to the Deductible. Information on this document based on carrier SBC.


 Please have your provider swipe the Difference Card for the following amounts:
 In-Network Medical & Rx Swipe - First \$5,500/\$11,000
 Call 888.343.2110 with any questions.

Download the Mobile App to View and Submit Claims


 SCAN THIS WITH YOUR CAMERA