

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	Remaining Costs	First \$5,500/\$11,000	Integrates w/ Medical Deductible
 Prescription Family Deductible			
 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	
<div><div><p>All claims must be submitted within 3 months of the end of the deductible accumulation period.</p><p>Terminated members must submit claims within 3 months of the termination date.</p><p>All Out-of-Network Services are subject to the Deductible.</p><p>Information on this document based on carrier SBC.</p></div><div><p> Please have your provider swipe the Difference Card for the following amounts:</p><p>In-Network Medical & Rx Swipe - First \$5,500/\$11,000</p><p>Call 888.343.2110 with any questions.</p></div><div><p>Download the Mobile App to View and Submit Claims</p><div><p>SCAN THIS WITH YOUR CAMERA</p></div></div></div>			