

# SUMMARY OF BENEFITS

Aeries Software

 CIGNA  
 OAP 8500 HSA

1/1/2026

to

12/31/2026



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

TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	CIGNA BENEFIT
<b>PHYSICIAN SERVICES</b>			
Primary Care Office Visit Copay	Remaining Costs	First \$4,000/\$8,000	Deductible
Specialist Office Visit Copay	Remaining Costs	First \$4,000/\$8,000	Deductible
Preventive Care / Screening / Immunization		No Charge	
Urgent Care	Remaining Costs	First \$4,000/\$8,000	Deductible
<b>PHARMACY</b>			
Prescription Deductible Application		Integrated with Medical Deductible	
Prescription Individual Deductible	Remaining Costs	First \$4,000/\$8,000	Integrates w/Medical Deductible
Prescription Family Deductible			
Retail Prescriptions			AD: \$10/\$30/\$50/20%
Mail Order Prescriptions			\$25/\$75/\$125/20%
<b>DIAGNOSTIC PROCEDURES</b>			
Diagnostic Test- Lab Bloodwork	Remaining Costs	First \$4,000/\$8,000	Deductible
Diagnostic Test X-Ray	Remaining Costs	First \$4,000/\$8,000	Deductible
Complex Imaging (CT/Pet Scans, MRIs)	Remaining Costs	First \$4,000/\$8,000	Deductible
<b>HOSPITAL SERVICES</b>			
Emergency Room Care	Remaining Costs	First \$4,000/\$8,000	Deductible
Outpatient Surgery	Remaining Costs	First \$4,000/\$8,000	Deductible
Inpatient Hospital	Remaining Costs	First \$4,000/\$8,000	Deductible
<b>IN NETWORK DEDUCTIBLE &amp; COINSURANCE</b>			
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 \$4,500	First \$4,000	\$8,500
In-Network Family Deductible	Last \$9,000	First \$8,000	\$17,000
In-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.  Information on this document based on carrier SBC.	<p> Please have your provider swipe the Difference Card for the following amounts:            In-Network Medical &amp; Rx Swipe - First \$4,000/\$8,000</p> <p>Call 888.343.2110 with any questions.</p>		
	<p>Download the Mobile App to View and Submit Claims</p> <p></p> <p>SCAN THIS WITH YOUR CAMERA</p>		