

<div><div></div><div>The Difference Card</div></div> <div>SUMMARY OF BENEFITS</div> <div><div>Aeries Software</div><div>CIGNA</div><div>1/1/2026</div><div>to</div><div>12/31/2026</div></div> <div>OAP 8500 HSA</div>			
<div><div></div><div>Swipe card for benefit listed under the "Difference Card Pays" column.</div></div>			
TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	CIGNA BENEFIT
PHYSICIAN SERVICES			
<div><div></div><div>Primary Care Office Visit Copay</div></div>	Remaining Costs	First \$4,000/\$8,000	Deductible
<div><div></div><div>Specialist Office Visit Copay</div></div>	Remaining Costs	First \$4,000/\$8,000	Deductible
Preventive Care / Screening / Immunization	No Charge		
<div><div></div><div>Urgent Care</div></div>	Remaining Costs	First \$4,000/\$8,000	Deductible
PHARMACY			
Prescription Deductible Application	Integrated with Medical Deductible		
<div><div></div><div>Prescription Individual Deductible</div></div>	Remaining Costs	First \$4,000/\$8,000	Integrates w/Medical Deductible
<div><div></div><div>Prescription Family Deductible</div></div>			
<div><div></div><div>Retail Prescriptions</div></div>			AD: \$10/\$30/\$50/20%
<div><div></div><div>Mail Order Prescriptions</div></div>			\$25/\$75/\$125/20%
DIAGNOSTIC PROCEDURES			
<div><div></div><div>Diagnostic Test- Lab Bloodwork</div></div>	Remaining Costs	First \$4,000/\$8,000	Deductible
<div><div></div><div>Diagnostic Test X-Ray</div></div>	Remaining Costs	First \$4,000/\$8,000	Deductible
<div><div></div><div>Complex Imaging (CT/Pet Scans, MRIs)</div></div>	Remaining Costs	First \$4,000/\$8,000	Deductible
HOSPITAL SERVICES			
<div><div></div><div>Emergency Room Care</div></div>	Remaining Costs	First \$4,000/\$8,000	Deductible
<div><div></div><div>Outpatient Surgery</div></div>	Remaining Costs	First \$4,000/\$8,000	Deductible
<div><div></div><div>Inpatient Hospital</div></div>	Remaining Costs	First \$4,000/\$8,000	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
<div><div></div><div>In-Network Individual Deductible</div></div>	Last \$4,500	First \$4,000	\$8,500
<div><div></div><div>In-Network Family Deductible</div></div>	Last \$9,000	First \$8,000	\$17,000
In-Network Family Multiplier 2		Mail Order Multiplier 2.5	
<div><div><div><div></div><div>Please have your provider swipe the Difference Card for the following amounts: In-Network Medical & Rx Swipe - First \$4,000/\$8,000</div></div><div>Call 888.343.2110 with any questions.</div></div><div><div>Download the Mobile App to View and Submit Claims</div><div><div></div><div>SCAN THIS WITH YOUR CAMERA</div></div></div></div>			
<div><div><div>All claims must be submitted within 3 months of the end of the deductible accumulation period.</div><div>Terminated members must submit claims within 3 months of the termination date.</div><div>Information on this document based on carrier SBC.</div></div></div>			