



## Platinum \$1500 OAP-C

Network	Cigna OAP
Deductible (Individual/Family)	\$1500/\$3000
Maximum Out of Pocket (Individual/Family)	\$9,100/\$18,200

### Key Features

- ✓ \$0 Co-pay on preventive drugs or services
- ✓ ACA Compliant
- ✓ Employer contribution flexibility
- ✓ Available in all 50 states
- ✓ Digital Portals and mobile application

### What is Covered

- ✓ Preventive Care
- ✓ Physician Services
- ✓ Telemedicine Services
- ✓ Diagnostic Services and Supplies
- ✓ Emergency Services
- ✓ Inpatient Services
- ✓ Outpatient Services
- ✓ Therapy Services
- ✓ Home Healthcare
- ✓ Preventive Drugs
- ✓ Tier 1 Drugs
- ✓ Diabetic Supplies
- ✓ Durable Medical Equipment (DME)
- ✓ Sleep Studies (Home)
- ✓ Tier 2 Drugs
- ✓ Tier 3 Drugs
- ✓ Cardiac Rehabilitation
- ✓ Dialysis Services
- ✓ Hospice Care
- ✓ Sleep Studies (Home)
- ✓ Transplant

### What is NOT Covered

Specialty Drugs

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### Plan at a Glance

	Limit	Cost-Sharing
Routine Well Care	Unlimited	<b>NO COST.</b> Deductible waived.
Telemedicine Services		
Preventive Drugs		
Inpatient Surgery	Unlimited	Included in the Inpatient Services Copay.
Inpatient Services	Unlimited	30% Coinsurance, after Deductible is met.
Inpatient Professional Services		
Infusion Therapy		
Radiation Therapy		
Transplant Services		
Dialysis		
Transplant Services		
Diagnostic Testing (Advanced Imaging)		
Outpatient Services or Surgery		
Hospice Care		
Skilled Nursing Facility Services	30 days	
Emergency Services	Unlimited	<b>\$750. Deductible waived.</b>
Ambulance Services	Unlimited	<b>\$500. Deductible waived.</b>
Durable Medical Equipment (DME)	Unlimited	<b>\$400. Deductible waived.</b>
Prosthetics, Orthotics, Supplies and Surgical Dressings		
Sleep Studies (Home)	Unlimited	<b>\$300. Deductible waived.</b>
Tier 3 Drugs	Unlimited	<b>\$150. Deductible waived.</b>
Applied Behavioral Analysis	20 visits	<b>\$75. Deductible waived.</b>
Cardiac Rehabilitation		
Chiropractic Care		
Occupational, Physical & Speech Therapy		
Urgent Care	Unlimited	<b>\$50. Deductible waived.</b>
Tier 2 Drugs		
Specialist Visit (In-Person & Virtual)	Unlimited	<b>\$50. Deductible waived.</b>
Other Services, Physician's Office Services and the office visit count as a single visit toward the office visit limits.		
Diagnostic Testing (Lab & Radiology)		
Home Health Care	20 visits	
Diabetic Supplies	Unlimited	<b>\$35. Deductible waived.</b>
Primary Care Office Visit (In-Person & Virtual)	Unlimited	<b>\$25. Deductible waived.</b>
Tier 1 Drugs	Unlimited	<b>\$10. Deductible waived.</b>

**DISCLAIMER: BENEFITS LISTED ARE INTENDED TO BE A BRIEF SUMMARY AND ARE SUBJECT TO CHANGE. REFER TO THE SUMMARY OF BENEFITS FOR FULL DETAILS AND EXCLUSIONS.**