



Platinum \$2500 OAP-C

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|---|------------------|
| Network | Cigna OAP |
| Deductible (Individual/Family) | \$2500/\$5000 |
| 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 | NO COST. 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 | | |
| Outpatient Services or Surgery | | |
| Diagnostic Testing (Advanced Imaging) | | |
| Hospice Care | | |
| Skilled Nursing Facility Services | 30 days | |
| Emergency Services | Unlimited | \$750. Deductible waived. |
| Ambulance Services | Unlimited | \$500. Deductible waived. |
| Durable Medical Equipment (DME) Prosthetics, Orthotics, Supplies and Surgical Dressings | Unlimited | \$400. Deductible waived. |
| Sleep Studies (Home) | Unlimited | \$300. Deductible waived. |
| Tier 3 Drugs | Unlimited | \$150. Deductible waived. |
| Applied Behavioral Analysis | 20 visits | \$75. Deductible waived. |
| Cardiac Rehabilitation | | |
| Chiropractic Care | | |
| Occupational, Physical & Speech Therapy | Unlimited | |
| Urgent Care | | |
| Tier 2 Drugs | Unlimited | \$50. Deductible waived. |
| Specialist Visit (In-Person & Virtual) | | |
| 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 | \$35. Deductible waived. |
| Primary Care Office Visit (In-Person & Virtual) | Unlimited | \$25. Deductible waived. |
| Tier 1 Drugs | Unlimited | \$10. Deductible waived. |

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.