

2023 Benefits Guide

Phoenix Management Solutions &
Related Companies

Regular Employees



The information in this Guide is presented for illustrative purposes and is based on information provided by the Company's insurance carriers for the purposes of general information and enrollment. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will always prevail.

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Enrollment Information

Am I Eligible?

If you are a full time employee who averages more than 30 hours worked per week, you are eligible to enroll in the benefits outlined in this guide. You are eligible for benefits beginning the 1st day of the month following 30 days from your date of hire.

When Can I Make Changes?

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next Open enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

Health Insurance - Medical

You have the choice of four Medical plans to select from with Cigna Healthcare (Below)

	Economy Plan	Standard Plan	Silver Plan	Gold Plan
	Cigna	Cigna	Cigna	Cigna
Network Name	Open Access Plus IN (OAP IN)	Open Access Plus (OAP)	Open Access Plus (OAP)	Open Access Plus (OAP)
Primary Care Physician	\$40	\$35	\$30	\$25
Specialist Visit	\$75	\$70	\$60	\$50
In Network Deductible (Individual / Family)	\$3,500 / \$7,000	\$2,500 / \$7,500	\$1,500 / \$4,500	\$750 / \$2,250
Coinsurance (Network / Non Network)	30% / N/A	20% / 40%	20% / 40%	10% / 30%
Hospitalization	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Urgent Care Copay	\$75	\$75	\$75	\$75
Telemedicine	No Cost	No Cost	No Cost	No Cost
Preventive Care	100% of allowable amount on all medical plan offerings			
Emergency Room	\$500 copay + 30%	\$500 copay + 20%	\$500 copay + 20%	\$500 copay + 10%
Out of Pocket Max (Individual / Family)	\$6,000 / \$12,000	\$5,500 / \$15,500	\$4,500 / \$13,500	\$2,250 / \$6,750
Prescription Drugs Generic / Preferred / Non Preferred	\$10 / \$20 / \$50	\$10 / \$20 / \$50	\$10 / \$20 / \$50	\$10 / \$20 / \$50
Deductions (Weekly)				
Employee Single	\$0	\$4.62	\$11.54	\$23.08
Employee + Spouse	\$25.38	\$80.77	\$103.85	\$126.92
Employee + Child(ren)	\$23.08	\$63.46	\$80.77	\$103.85
Employee + Family	\$57.69	\$155.77	\$196.15	\$253.85

Looking for a doctor? Go to mycigna.com and select Open Access Plus as your network. Note that the Economy plan is an in network benefit plan only.

<https://hcpdirectory.cigna.com/web/public/consumer/directory/search>

Health Insurance - Dental

You have the choice of two Dental plans to select from with Guardian (Below). You will see the cost for the programs are the same: The difference between the plans is the network reimbursement. If you anticipate using an in-network provider, then the Value plan would pay a higher in network benefit. If you anticipate using an out of network provider, the 90% Usual and Customary Benefit may be more beneficial.

	VALUE PLAN	NAP PLAN
Reimbursement Schedule	Negotiated Fee (Patient pays costs over Neg. Fee)	90 th UCR
Preventive Services	100%	100%
Deductible (Individual / Family)	\$50 / \$150	\$50 / \$150
Basic Services	100%	80%
Major Services	60%	50%
Orthodontia Coverage (Children to age 19)	50% \$1,000 Lifetime Member Max	50% \$1,000 Lifetime Member Max
Annual Maximum	\$1,500	\$1,500
Deductions (Weekly)		
Employee Single	\$7.02	\$7.02
Employee + Spouse	\$14.26	\$14.26
Employee + Child(ren)	\$17.80	\$17.80
Employee + Family	\$26.69	\$26.69

Looking for a doctor? Go to guardiananytime.com and or use the Guardian Anytime app. Our plans are in the DentalGuard Network

Health Insurance - Vision

You have the choice of a vision plan with Guardian (below). Using an in network provider will allow for the highest level of coverage and lowest amount you will need to pay out of pocket.

	Benefit & Frequency
Eye Exam	\$10 copay (Every calendar year)
Lenses Single, bifocal, trifocal or lenticular Can also substitute Contacts	\$15 Material copay (every calendar year)
Frames	\$130 allowance + 20% off balance (once every other calendar year)
Deductions (Weekly) Employee Single Employee + Spouse Employee + Child(ren) Employee + Family	 \$1.68 \$2.82 \$2.88 \$4.55

Looking for a doctor? Go to guardiananytime.com and or use the Guardian Anytime app. Guardian uses the VSP Network.

Flexible Spending Accounts

All full-time employees are eligible to elect and participate in a Flexible Spending Account (FSA) through Ameriflex. FSAs are reimbursement accounts that allow you to reduce your taxable income by setting aside pre-tax earnings to pay for qualified expenses incurred within the calendar year, January 1 to December 31.

Healthcare FSA: You can open a FSA account for health care expenses up to the IRS limit each year. The 2023 contribution limit is \$3,050 and the carryover limit is \$610. Note that any unused funds over the maximum rollover will be forfeited at the end of the calendar year, so plan carefully before making your elections. The “carryover” feature, applies to the Healthcare FSA only.

Dependent Care FSA: You can open a FSA account for Dependent Care expenses up to the IRS limit each year. In 2023, the maximum is \$5,000. Note that unused funds will be forfeited at the end of the plan year, so plan carefully before making your elections.

Sample Eligible Expenses

Health FSA

- Deductibles, Copays, Coinsurances
- Dental care (fillings, x-rays, orthodontia)
- Vision Care (exams, eyeglasses, contacts lenses)
- Prescriptions, immunizations
- Over-the-counter medications
- Physical Therapy, Speech Therapy
- Acupuncture, Chiropractor

Dependent Care FSA

- Babysitter/nanny (as long as the caregiver is not your dependent)
- Nursery, pre-school, after school programs
- Summer day camp (not sleep-away camp)
- Dependent or elder care (while you work or look for work)

Additional Information:

To view eligible expenses, visit <https://tax.thomsonreuters.com/site/hcet-ebia/ameriflex> or to learn more about the benefits of an FSA, visit myameriflex.com/participants.

Life and AD&D Insurance

Basic, Company Paid Life: The Company offers your life insurance, through Guardian, which can help provide for your loved ones if something were to happen to you. Phoenix Management Solutions and Related Companies provide full-time employees with \$15,000 in group life and accidental death and dismemberment (AD&D) insurance.

The company pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums. You will automatically be enrolled in this benefit. To be eligible for coverage, you must be considered actively at work. Contact HR if you would like to update your beneficiary information during the plan year.

This is coverage for employees only. Spouse and child coverage is not available.

Additional Life Insurance: In addition to basic life, you are eligible for voluntary life insurance that you are responsible for paying the full cost of coverage through weekly payroll deductions. You can purchase coverage for yourself (in \$10,000 increments / \$10,000 minimum / \$250,000 maximum / \$100,000 new hire enrollment Guarantee Issue) and up to 100% of your election for your spouse (in \$5,000 increments / \$10,000 minimum / \$250,000 maximum / \$25,000 new hire enrollment GI). You may also elect \$5,000 or \$10,000 of coverage for your child(ren). The chart below outlines the weekly costs of purchasing this additional life coverage. Please note you must elect voluntary life coverage for yourself in order to elect for your spouse and/or child(ren). Spouse premium is also based on the Employee's age.

Weekly Cost for Every \$10,000 of Employee and Spouse Life/AD&D Insurance Coverage										
Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
Employee	\$.31	\$.33	\$.38	\$.49	\$.65	\$.93	\$1.39	\$1.88	\$2.98	\$5.68
Spouse	\$.31	\$.33	\$.38	\$.49	\$.65	\$.93	\$1.39	\$1.88	\$2.98	\$5.68
Dependent Children	Rates expressed at per family per pay period: \$5,000 of benefit at \$0.17/week \$10,000 of benefit at \$0.33/week									

To calculate your voluntary life/AD&D insurance premium, take the benefit volume per \$10,000 of coverage multiplied by the weekly rate: $\text{Benefit Volume} \times \text{Rate} / \$1,000 = \text{Monthly Premium}$

Example: For a 40 year old employee requesting \$100,000 of life insurance, the calculation is as follows:

$$\frac{\$100,000 \times \$0.49}{\$10,000} = \$4.90 \text{ per week}$$

You may be required to complete an Evidence of Insurability (EOI) form if elect over initial enrollment GI Please note, GI amounts do not apply to employees or spouses age 65+

Disability Insurance

The company also offers full-time employees both short term and long term disability income replacement benefits. Both disability benefits are through Guardian. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness. In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note, though, that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits. Log into your benefits portal to estimate your costs – the rates are calculated by your age and the income you are covering. The next page also contains rates for coverage.

The short term disability policy will be payroll deducted if you decide to elect and the long term disability policy is paid by the company. Contact HR if you would like assistance filing a disability claim with Guardian.

Short Term Disability	
Benefits Begin	On the 8 th day for an accident and 8 th day for sickness
Primary Weekly Benefit	60% of your pre-disability earnings up to maximum of \$1,500 (rounded to \$100 increments based off base earnings)
Benefit Amount	Primary Weekly Benefit less other income sources
Definition of Earnings	Base Wage
Benefit Payment Period	Up to 13 weeks after the elimination period is satisfied
Pre-Existing Condition	3/12
Maternity	Treated the same as any other disability

Long Term Disability	
Benefits Begin	On the 91st day (All Other States) / On the 181st day (CA Only)
Primary Monthly Benefit	60% of your pre-disability earnings up to \$5,000
Benefit Amount	Primary Monthly Benefit less other income sources
Definition of Earnings	Base wage
Maximum Period Payable	Up to Social Security Normal Retirement Age (SSNRA)

Short Term Disability Monthly Rates									
Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Monthly Rates	\$0.457	\$0.570	\$0.941	\$0.798	\$0.542	\$0.542	\$0.684	\$0.827	\$1.197

To calculate your short-term disability weekly benefit, multiply 60% of your pre-tax weekly pay. Multiply the weekly benefit by the monthly rate listed above and divide by 10:

Example: For a 40 year old making \$1,000 /week in gross wages, the calculation is as follows:

$\$1,000 \times 60\% = \600 Weekly Benefit $\$600 \text{ Weekly Benefit} \times 0.542 \text{ and divide by } 10 = \32.52 per month

Long Term Disability Weekly Deductions									
LTD Monthly Benefit	Minimum Annual Salary Required	<30	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$500	\$10,000	\$0.26	\$0.52	\$0.81	\$1.11	\$1.45	\$1.97	\$2.31	\$2.03
\$1,000	\$20,000	\$0.52	\$1.05	\$1.62	\$2.22	\$2.90	\$3.93	\$4.62	\$4.06
\$1,500	\$30,000	\$0.78	\$1.57	\$2.43	\$3.32	\$4.35	\$5.90	\$6.93	\$6.09
\$2,000	\$40,000	\$1.03	\$2.09	\$3.24	\$4.43	\$5.79	\$7.87	\$9.24	\$8.12
\$2,500	\$50,000	\$1.29	\$2.61	\$4.05	\$5.54	\$7.24	\$9.84	\$11.56	\$10.15
\$3,000	\$60,000	\$1.55	\$3.14	\$4.86	\$6.65	\$8.69	\$11.80	\$13.87	\$12.18
\$3,500	\$70,000	\$1.81	\$3.66	\$5.67	\$7.75	\$10.14	\$13.77	\$16.18	\$14.22
\$4,000	\$80,000	\$2.07	\$4.18	\$6.48	\$8.86	\$11.58	\$15.74	\$18.49	\$16.25
\$4,500	\$90,000	\$2.33	\$4.71	\$7.29	\$9.97	\$13.03	\$17.71	\$20.80	\$18.28
\$5,000	\$100,000	\$2.58	\$5.23	\$8.10	\$11.08	\$14.48	\$19.67	\$23.11	\$20.31

Employee Assistance Program (EAP)

Paid by the Company, this benefit provides free, confidential services for employees and dependents that are dealing with a number of personal issues and is available by phone and in person. Up to three in-person visits per occurrence per year are included in this program. Services can be coordinated with Cigna so that any further mental health appointments can be covered under your Cigna Insurance (or any other insurance you may have through a spouse or parent).

Voluntary “Worksite” Benefits

There are additional programs you can participate in which offer you benefits that supplement your medical plan. These plans cover different types of needs and pay fixed amounts based on the type of claim being filed. These amounts can be used for costs not paid for by insurance (deductible, copays, and coinsurance) or any other expense such as groceries, rent, or other family expenses.

Accident Insurance

Accidents are part of everyday life and your medical insurance probably will not cover all of the added expenses. Accident insurance is a benefit you can use for medical bills, out-of-pocket expenses, or for any other purpose. Rates for this benefit are provided in the benefits portal.

Critical Illness Insurance

Critical Illness insurance is designed to help pay the costs associated with the occurrence of a heart attack, stroke, cancer or other serious illnesses. You choose your benefit level: \$5,000 to 25,000. See your benefits portal to calculate the costs to you.

Hospital Indemnity

Hospital Indemnity Insurance is designed to pay you a set amount for a hospital stay and a per day cost. The amount can be used to offset any costs for deductible/coinsurance in the medical plan. If admitted to the hospital, the benefit would pay \$1,500 per stay and an additional \$100 per day you are in the hospital (\$200 if ICU). See your benefits portal to calculate the costs to you.

Contact Sheet

Cigna (Medical)

00638100

24-Hr Service: 800-244-6224

www.myCigna.com

Guardian (Dental, Vision, Life & Disability, Voluntary Benefits)

#570352

Dental Telephone: 1-800-541-7846

Vision Network: VSP

Vision Telephone: 1-800-541-7846

Life Telephone: 1-800-525-4542

Disability Telephone: 1-800-268-2525

Accident Telephone: 1-800-541-7846

Critical Illness Telephone: 1-800-268-2525

Hospital Indemnity Telephone: 1-800-268-2525

Website: www.guardiananytime.com

Ameriflex – FSA Administrator

Telephone: 1-888-868-3539

Email: service@myameriflex.com

Website: www.myameriflex.com

Employee Assistance Program (EAP)

Cigna – 877-231-1492

EAP Telephone: 1-800-386-7055

Will Prep: 1-877-433-6789

Website: www.ibhworklife.com

(User: Matters / Password: wlm70101)

For additional questions:

Phoenix Management Human Resources Team

Additional Carrier Information

YOUR HEALTH HAS MET ITS APP®

Access your health plan anytime and just about anywhere you go.



Life can be busy and complicated. So, we created a simple-to-use tool that can help make your life easier (and healthier) while you're on the go. The myCigna® App helps you personalize, organize and access your important plan information on your phone or tablet. Use the myCigna App and log in anytime, just about anywhere, to:*

- **Manage** and track claims
- **View**, fax or email ID card information
- **Find** in-network doctors, and compare cost and quality information
- **Review** your coverage
- **Track** your account balances and deductibles
- **Submit** receipts for reimbursement from your Cigna HRA and/or FSA
- **Order** your Cigna Home Delivery PharmacySM prescriptions online and view order history
- **View** medication costs based on your plan and look for lower-cost alternatives

* Actual myCigna features may vary by plan type and individual security profile.

** The downloading and use of the myCigna App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.



Feel better protected

Cigna is as committed to helping protect your health information as we are to protecting your health and well-being. That's why we take certain steps to enhance the security of your personal health information on myCigna.

Download the myCigna App for your mobile device.**



Disponible en Español.



Don't forget! myCigna App users log in with just one touch

When you download the myCigna App you can access your account with just a fingerprint on any compatible device.

Together, all the way.®



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Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, see your plan documents.

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WELCOME TO CIGNA

Simple ways to make the most of your plan



When you know more about your plan, you can make better choices around health and spending. Let's dive in.

Cigna resources to improve your whole-person health

Identity Theft protection at no additional cost (available January 1, 2022)



First, register on myCigna.com¹ to activate all available programs

When your plan year begins, register on myCigna.com. That way you're ready to go whenever you need to find in-network health care providers, estimate costs and see your incentives.



Access virtual care

Conveniently connect with board-certified doctors, therapists and psychiatrists via video or phone.²



Connect with Cigna One Guide[®]

Our friendly guides have forward-thinking technology to answer questions on your plan, offer personalized advice and connect you to the right care. They can also proactively reach out.³



Ensure in-network care

myCigna and Cigna One Guide can help you stay in-network, maximize savings and avoid any surprises.



Get preventive care

Get preventive care, such as check-ups and biometric screenings at no additional cost to you.⁴ It's even available virtually for maximum convenience.



Prioritize behavioral support

214,000 behavioral health and substance use providers⁵ can help, either in person or virtually. We also have 24/7 therapy including Talkspace and Ginger for Cigna, and digital tools such as iPrevail and Happify.⁶



Call our 24/7 Health Information Line

Talk with a clinician who can help you choose the right care, whenever you need it – late nights, holidays and more.



Simplify with mail-order medications

Express Scripts[®] is one of the largest pharmacies in the United States, and offers convenience, savings and stress-free prescription management.



Bounce back with RecoveryOne[™] for Cigna[®]

Virtual physical therapy from the comfort of home that's convenient and available at no cost to you.



Utilize case management programs

Complex medical conditions can be overwhelming. Our trained teams can help coordinate care, understand benefits and reach goals through online coaching.

Together, all the way.[®]





Make sure to get approval from your plan before getting care (known as prior authorization) for routine hospital stays or outpatient procedures.

Learn more at **myCigna.com** or by calling the number on the back of your card.



First, register on **myCigna.com** or the **myCigna® App**⁷

Once you've registered, you can:

- › Understand what's covered in your plan
- › Find in-network doctors, hospitals and facilities and sort them by location, reviews and Cigna's quality rating
- › Get cost estimates for appointments, procedures and medications
- › Compare costs for 30- and 90-day medications and see if lower-cost alternatives are available
- › Find retail pharmacies that offer a 90-day supply
- › Manage and track claims
- › Get alerts when new plan documents are available
- › View or print a copy of your Cigna ID card
- › Access a variety of health and wellness resources, including an online health assessment, health tracking tools and My Health Assistant digital coaching

- › Go to your lab appointment and you'll get a notification when the results are available in the MDLIVE customer portal
- › Attend your virtual visit; you'll receive a summary of your screening results for your records



Cigna One Guide

Combining digital technology with our personalized customer service, over the phone or on the myCigna App,⁷ the Cigna One Guide support tool can:

- › Resolve health care issues
- › Save time and money
- › Get the most out of your plan
- › Find the right hospitals, dentists and other health care providers in your plan's network
- › Get cost estimates
- › Understand your bills
- › Navigate the health care system



Virtual care²

Virtual care can be a convenient and affordable option for a wide range of care. For appointments, you can work with an in-network provider or connect with an MDLIVE^{®2} provider at **myCigna.com**.

Right from your phone, tablet or computer, you can:

- › Connect 24/7 with board-certified doctors and pediatricians for minor medical conditions, such as seasonal allergies, colds and flu, or upper respiratory infections
- › Schedule appointments with licensed therapists or psychiatrists for behavioral or mental health conditions, such as stress and depression
- › Have a prescription sent directly to your pharmacy, if appropriate

Virtual Wellness Screenings

Virtual wellness screenings are convenient and covered at no cost to you.⁸

Here's how they work:

- › Complete your MDLIVE online health assessment
- › Choose an in-network lab and schedule an appointment⁹
- › Choose an MDLIVE provider and schedule your virtual visit



In-network care

Save money when you use doctors, hospitals and health facilities that are part of your plan's network. Chances are there's a network doctor or facility right in your neighborhood. It's easy to find quality, cost-effective care at **myCigna.com**.



Preventive care

It's important to catch any issues while they're still small. That's why we cover eligible preventive care services at no extra cost, including:⁴

- › Screenings for blood pressure, cholesterol and diabetes
- › Testing for colon cancer
- › Clinical breast exams and mammograms
- › Pap tests
- › Additional covered procedures listed on **myCigna.com**

Since your physical and emotional health are connected, make sure to talk about how you're feeling at your annual check-up.



Behavioral care

214,000 in-network behavioral health care providers. 67,000 of those are virtual.⁵ Whether you're dealing with a behavioral health condition, going through a rough time or looking for substance use support, you can find the one that fits your needs, either in person or virtually. To find a virtual provider:

- › Go to **myCigna.com** > Find Care & Cost
- › Search for "Virtual Counselor" under "Doctor by Type"
- › Call to make an appointment with your selected provider

Online visits with our behavioral health network providers cost the same as in-office visits. Costs vary by plan.



Identity Theft Protection

- › We're committed to the physical, emotional and financial well-being of those we serve. That's why Cigna teamed up with IdentityForce, a top-rated provider of identity theft protection.¹¹
- › We'll help protect you and your children against identity theft and help fix any identity theft compromises – at no additional cost for all medical subscribers
- › Two ways to enroll starting January 1, 2022:
 - Employees with Cigna medical who are registered on myCigna.com will receive an enrollment link email from IdentityForce.
 - Call 833.580.2523

Once enrolled, customers can access IdentityForce directly through the IdentityForce app or website.



24/7 Health Information Line

At no extra cost, you can speak to a clinician to make more informed decisions about your care. Whether it's reviewing home treatment options, following up on a doctor's appointment or finding the nearest urgent care center in your plan's network, you can call the number on your Cigna ID card, day or night.



RecoveryOne for Cigna includes:⁶

- › Virtual physical therapy at no additional cost¹²
- › A private video consult with a virtual physical therapist
- › Customized plans to meet your needs – from the comfort and convenience of wherever you are
- › A multimedia app that guides you through your personalized exercises
- › Video, voice and chat conversations with your support team



Specialty medications

We can help you understand, manage and treat complex conditions that require a specialty medication. Our therapy management teams, made up of health advocates with nursing backgrounds as well as pharmacists, are specially trained to help with your specific needs.¹⁰

- › Personalized, 24/7 support
- › Condition-specific education on medication therapy and side effects
- › Help with the medication approval process
- › Financial assistance programs, if needed

For more information, call **800.351.3606**.



Case management programs

Take advantage of our personal services to help you with your personal health needs. A Cigna case manager, trained as a nurse, can work closely with you and your doctor to check on your progress. You can get help with conditions and illnesses such as cancer, end-stage renal disease, neonatal care and pain management.

You also have access to My Health Assistant on **myCigna.com** to help you:

- › Control stress
- › Lose weight and eat better
- › Enjoy exercise
- › Quit tobacco
- › Manage diabetes, Chronic obstructive pulmonary disease, asthma and other conditions

Enroll online today. Go to **myCigna.com** > Wellness > My Health Assistant – Online Coaching Program.

TIPS TO HELP YOU SAVE MONEY



Find where to get prescription drugs

- › Find the complete list of covered medications on **myCigna.com**
- › Use cost comparison tools on myCigna to compare prices and purchase mail-order prescriptions¹³
- › Use generics when possible
- › Know what brand-name drugs are covered in your plan
- › Ask your doctor about a 90-day supply for your maintenance medication(s) through our home delivery pharmacy service



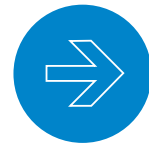
Know where to go for care

- › Use an emergency room for true emergencies
- › Don't wait: Locate an in-network convenience care clinic or urgent care center near you, before you need it
- › Don't be fooled: Some emergency rooms look like urgent care centers, so know what type of facilities are in your area



Choose the right provider

- › Know which providers are in your network by going to **myCigna.com** > Find Care & Costs
- › Opt to connect with a board-certified doctor, therapist or psychiatrist via video or phone²
- › Use in-network national labs to help save money



Be proactive about your health

- › Get information on the cost of medications and treatments to avoid surprises
- › Use your preventive care benefits, learn your core health numbers and make use of the health improvement tools at **myCigna.com**

Find your way to better health.

Get more information on all the programs that are available to you.



When your plan year begins, register on **myCigna.com**.



Call the 24/7 customer service number on the back of your ID card.



Download the myCigna App.⁷

1. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com. 2. Cigna provides access to virtual care through participating in-network providers. Not all providers have virtual capabilities. Cigna also provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. All health care providers are solely responsible for the treatment provided to their patients; providers are not agents of Cigna. Refer to plan documents for complete description of virtual care services and costs. 3. Not available with all plans. 4. Not all preventive care services are covered and different plans may cover different things. For example, immunizations for travel are usually not covered. See your plan materials for a complete list of covered preventive care services. 5. Cigna unique provider data as of June 2021. Subject to change. 6. The program and services are provided by an independent company and not by Cigna. Program and services are subject to all applicable program terms and conditions. Program availability is subject to change. 7. The downloading and use of any mobile App is subject to the terms and conditions of the App and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply. 8. Not applicable to exempt plans. See your plan documents for details. 9. Limited to labs contracted with MDLIVE for virtual wellness screenings. 10. Not all plans offer all of these programs and services. Please log into the myCigna App or website, or check your plan materials, to learn more about what your plan offers. The providers in Cigna's pharmacy network don't work for Cigna and are solely responsible for any treatment they provide. 11. White, A. "Best identity theft protection services of September 2021." CNBC.com. August 27, 2021. <https://www.cnbc.com/select/best-identity-theft-protection-services/>. Frankel, RS. "Best Identity Theft Protection Services Of 2021." Forbes Advisor. June 10, 2021. <https://www.forbes.com/advisor/personal-finance/best-identity-theft-protection-services/>. The program and services are provided by Sontiq, Inc. and not by Cigna Corporation or its operating subsidiaries. Program and services are subject to all applicable program terms and conditions. Program availability is subject to change. References to third-party organizations or companies, and/or their products, processes or services, does not constitute an endorsement or warranty thereof. Your use of such products, processes or services are at your sole risk. Product may be updated or modified prior to availability. 12. Cost and usage of this program is covered by your plan administrator; no additional out-of-pocket expense applies. 13. Prices shown on myCigna are not a guarantee. Coverage falls under your plan terms and conditions. Visit myCigna for more information.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, contact a Cigna representative.

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BENEFIT SUMMARY

Administered by - Cigna Health and Life Insurance Co.
For - Phoenix Management Solutions LLC
Open Access Plus Plan
OAPIN
Effective - 01/01/2023



Selection of a Primary Care Provider - your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, Cigna may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card. For children, you may designate a pediatrician as the primary care provider.

Direct Access to Obstetricians and Gynecologists - You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

Plan Highlights

In-Network

Lifetime Maximum	Unlimited
Plan Year Accumulation	Your Plan's Deductibles, Out-of-Pockets and benefit level limits accumulate on a calendar year basis unless otherwise stated.
Plan Coinsurance	Plan pays 70%
Plan Deductible	Individual: \$3,500 Family: \$7,000
<ul style="list-style-type: none">Benefit copays/deductibles always apply before plan deductible and coinsurance.Family members meet only their individual deductible and then their claims will be covered under the plan coinsurance; if the family deductible has been met prior to their individual deductible being met, their claims will be paid at the plan coinsurance.This plan includes a combined Medical/Pharmacy plan deductible. <p>Note: Services where plan deductible applies are noted with a caret (^).</p>	
Plan Out-of-Pocket Maximum	Individual: \$6,000 Family: \$12,000
<ul style="list-style-type: none">Plan deductible contributes towards your out-of-pocket maximum.All benefit copays/deductibles contribute towards your out-of-pocket maximum.Covered expenses that count towards your out-of-pocket maximum include customer paid coinsurance and charges for Mental Health and Substance Use Disorder.After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses.This plan includes a combined Medical/Pharmacy out-of-pocket maximum.	

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Benefit		In-Network	
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.			
Physician Services - Office Visits			
Primary Care Physician (PCP) Services/Office Visit		\$40 copay, and plan pays 100%	
Specialty Care Physician Services/Office Visit		\$75 copay, and plan pays 100%	
Surgery Performed in Physician's Office		Covered same as Physician Services - Office Visit	
Virtual Care			
Dedicated Virtual Providers - MDLIVE			
MDLIVE Urgent Virtual Care Services		Plan pays 100%	
MDLIVE Primary Care Services		Plan pays 100%	
MDLIVE Specialty Care Services		Plan pays 100%	
<ul style="list-style-type: none">Primary Care cost share applies to routine care. Virtual wellness screenings are payable under Preventive Care.For MDLIVE Behavioral Services, please refer to the Mental Health and Substance Use Disorder section (below).Lab services supporting a virtual visit must be obtained through dedicated labs.Includes charges for the delivery of medical and health-related services and consultations by dedicated virtual providers as medically appropriate through audio, video, and secure internet-based technologies.			
Virtual Physician Services - Office Visits			
Primary Care Physician (PCP) Services/Office Visit		\$40 copay, and plan pays 100%	
Specialty Care Physician Services/Office Visit		\$75 copay, and plan pays 100%	
<ul style="list-style-type: none">Physicians may deliver services virtually that are payable under other benefits (e.g., Preventive Care, Outpatient Therapy Services).Includes charges for the delivery of medical and health-related services and consultations as medically appropriate through audio, video, and secure internet-based technologies that are similar to office visit services provided in a face-to-face setting.			
Convenience Care Clinic			
Convenience Care Clinic		\$40 copay, and plan pays 100%	
Preventive Care			
Preventive Care Office Visit		Plan pays 100%	
Preventive Services		Plan pays 100%	
<ul style="list-style-type: none">Includes preventive Mammograms, Papanicolaou (Pap), Prostate Specific Antigen (PSA) tests and colorectal screenings.Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service.			
Immunizations		Plan pays 100%	
Inpatient			
Inpatient Hospital Facility Services		Plan pays 70% ^	
Note: Includes all Lab and Radiology services, including Advanced Radiological Imaging as well as Medical Specialty Drugs			
Inpatient Hospital Physician's Visit/Consultation		Plan pays 70% ^	
Inpatient Professional Services		Plan pays 70% ^	
<ul style="list-style-type: none">For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists			

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Benefit		In-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.		
Outpatient		
Outpatient Facility Services		Plan pays 70% ^
Outpatient Professional Services		Plan pays 70% ^
<ul style="list-style-type: none"> For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists 		
Emergency Services		
Emergency Room		
<ul style="list-style-type: none"> Includes ER Physician Charges, Lab and Radiology including Advanced Radiological Imaging (ARI) Per visit copay is waived if admitted. 		\$500 copay, and plan pays 70%
Urgent Care Facility		
<ul style="list-style-type: none"> Includes Physician Charges, Lab and Radiology 		\$75 copay, and plan pays 100%
Ambulance		Plan pays 70% ^
Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.		
Inpatient Services at Other Health Care Facilities		
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facilities		
<ul style="list-style-type: none"> Annual Limit: 60 days 		Plan pays 70% ^
Laboratory Services		
Physician's Services/Office Visit		Covered same as Physician Services - Office Visit
Independent Lab		Plan pays 70% ^
Outpatient Facility		Plan pays 70% ^
Radiology Services		
Physician's Services/Office Visit		Covered same as Physician Services - Office Visit
Outpatient Facility		Plan pays 70% ^
Advanced Radiological Imaging (ARI)		Includes MRI, MRA, CAT Scan, PET Scan, etc.
Outpatient Facility		Plan pays 70% ^
Physician's Services/Office Visit		Plan pays 70% ^
Outpatient Therapy Services		
Outpatient Physical Therapy, Speech Therapy, Hearing Therapy and Occupational Therapy		\$75 copay, and plan pays 100%
Annual Limits: <ul style="list-style-type: none"> All Therapies Combined – Includes Physical, Speech, Hearing and Occupational Therapies – 25 visits Limits are not applicable to mental health conditions for Physical, Speech and Occupational Therapies. 		
Note: Therapy visits, provided as part of an approved Home Health Care plan, accumulate to the applicable Home Health Care maximum.		

Benefit		In-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.		
Chiropractic Care	\$75 copay, and plan pays 100%	
Annual Limit:		
<ul style="list-style-type: none">Chiropractic Care – 12 visits		
Hospice		
Inpatient Facilities	Plan pays 70% ^	
Outpatient Services	Plan pays 70% ^	
Note: Includes Bereavement counseling provided as part of a hospice program.		
Medical Pharmaceutical Drugs		
Cigna Pathwell SpecialtySM Medical Pharmaceuticals	Cigna Pathwell SpecialtySM Network: Plan pays 70% ^	
	All other medical network or out-of-network providers: Not Covered	
Other Medical Pharmaceuticals	Plan pays 70% ^	
Note: This benefit only applies to the cost of Medical Pharmaceutical drugs administered. Related Facility, Office Visit or Professional charges are covered according to the plan design.		
Family Planning		
Women’s Services	Plan pays 100%	
Includes contraceptive devices as ordered or prescribed by a physician and surgical sterilization services, such as tubal ligation (excludes reversals)		
Men’s Services	Coverage varies based on Place of Service	
Includes surgical sterilization services, such as vasectomy (excludes reversals)		
Abortion		
Abortion Services	Coverage varies based on Place of Service	
Note: Elective and non-elective procedures		
Infertility		
Infertility Treatment	Note: Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness.	
Outpatient Dialysis Services		
Physician’s Services/Office Visit	Covered same as Physician Services - Office Visit	
Home Dialysis	Covered same as plan's Home Health Care benefit	
Note: Dialysis visits will not accumulate to Home Health Care maximum		
Outpatient Facility Services	Covered same as plan's Outpatient Facility Services benefit	

Benefit		In-Network	
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.			
Outpatient Professional Services		Covered same as plan's Outpatient Professional Services benefit	
Other Health Care Facilities/Services			
Home Health Care		Plan pays 70% ^	
• Annual Limit: 100 visits (The limit is not applicable to mental health and substance use disorder conditions.)			
Organ Transplants		Covered same as Inpatient benefit	
• Services paid at in-network level if performed at Cigna LifeSOURCE Transplant Network® Facilities.			
• Travel Maximum - Cigna LifeSOURCE Transplant Network® Facility Only: \$10,000 maximum per Transplant per Lifetime			
Durable Medical Equipment and External Prosthetic Appliances		Plan pays 70% ^	
• Annual Limit: Unlimited			
Breast Feeding Equipment and Supplies		Plan pays 100%	
• Limited to the rental of one breast pump per birth as ordered or prescribed by a physician			
• Includes related supplies			
Note: Services where plan deductible applies are noted with a caret (^).			
Mental Health and Substance Use Disorder			
Inpatient Mental Health		Plan pays 70% ^	
Outpatient Mental Health – Physician's Office		\$75 copay, and plan pays 100%	
Outpatient Mental Health - MDLIVE Behavioral Services		\$75 copay, and plan pays 100%	
Outpatient Mental Health – All Other Services		Plan pays 70% ^	
Inpatient Substance Use Disorder		Plan pays 70% ^	
Outpatient Substance Use Disorder – Physician's Office		\$75 copay, and plan pays 100%	
Outpatient Substance Use Disorder - MDLIVE Behavioral Services		\$75 copay, and plan pays 100%	
Outpatient Substance Use Disorder – All Other Services		Plan pays 70% ^	
Annual Limits:			
• Unlimited maximum			
Notes:			
• Inpatient includes Acute Inpatient and Residential Treatment.			
• Outpatient - Physician's Office and MDLIVE Behavioral Services - may include Individual, family and group therapy, psychotherapy, medication management, etc.			
• Outpatient - All Other Services - may include Partial Hospitalization, Intensive Outpatient Services, Applied Behavior Analysis (ABA Therapy), etc.			

Pharmacy

In-Network

Cost Share and Supply

Med Pharmacy Cost Share

- Retail – up to 90-day supply (except Specialty up to 30-day supply)
- Home Delivery – up to 90-day supply (except Specialty up to 30-day supply)
- If you receive a supply of 34 days or less at home delivery of a Specialty Prescription Drug, the Specialty home delivery cost share will be adjusted to reflect a Retail (per 30-day supply) cost share.

Once the medical deductible is met then the customer is responsible for the cost share

Retail (per 30-day supply):

Generic: You pay \$10 ^

Preferred Brand: You pay \$20 ^

Non-Preferred Brand: You pay \$50 ^

Retail and Home Delivery (per 90-day supply):

Generic: You pay \$30 ^

Preferred Brand: You pay \$60 ^

Non-Preferred Brand: You pay \$150 ^

- Retail drugs for a 30 day supply may be obtained In-Network at a wide range of pharmacies across the nation although prescriptions for a 90 day supply (such as maintenance drugs) will be available at select network pharmacies.
- This plan will not cover out-of-network pharmacy benefits.
- Cigna 90 Now Program: You can choose to fill your medications in a 30- or 90-day supply. If you choose to fill a 30-day prescription, it can be filled at any network retail pharmacy or network home delivery pharmacy. If you choose to fill a 90-day prescription, it must be filled at a 90-day network retail pharmacy or network home delivery pharmacy to be covered by the plan.
- Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered.
- You can elect brand or generic with no penalty (MAC C).
- Exclusive specialty home delivery: Specialty medications must be filled through home delivery; otherwise you pay the entire cost of the prescription upon your first fill. Some exceptions may apply.
- Your pharmacy benefits share an annual deductible and out-of-pocket maximum with the medical/behavioral benefits. The applicable cost share for covered drugs applies after the combined deductible has been met.

Drugs Covered

Prescription Drug List:

Your Cigna Advantage Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. Some of the more expensive drugs are excluded when there are less expensive alternatives. To check which drugs are included in your plan, please log on to myCigna.com.

Some highlights:

- Coverage includes Self Administered injectable drugs, but excludes infertility drugs.
- Contraceptive devices and drugs are covered with federally required products covered at 100%.
- Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges are covered.

Pharmacy Program Information

Pharmacy Clinical Management: Essential

Your plan features drug management programs and edits to ensure safe prescribing, and access to medications proven to be the most reliable and cost effective for the medical condition, including:

- Prior authorization requirements
- Step Therapy on select classes of medications and drugs new to the market
- Quantity limits, including maximum daily dose edits, quantity over time edits, duration of therapy edits, and dose optimization edits
- Age edits, and refill-too-soon edits
- Plan exclusion edits
- Current users of Step Therapy medications will be allowed one 30-day fill during the first three months of coverage before Step Therapy program applies.
- Your plan includes Specialty Drug Management features, such as prior authorization and quantity limits, to ensure the safe prescribing and access to specialty medications.
- For customers with complex conditions taking a specialty medication, we will offer Accredo Therapeutic Resource Centers (TRCs) to provide specialty medication and condition counseling. For customers taking a specialty medication not dispensed by Accredo, Cigna experts will offer this important specialty medication and condition counseling.

Patient Assurance Program

Your plan includes the Patient Assurance Program, which waives the deductible and reduces the amount you owe for certain medications used to treat chronic conditions included in the program. Additionally:

- Any amount you pay for these medications only count toward meeting your out-of-pocket maximum.
- Any discount provided by a pharmaceutical manufacturer for these medications only count toward meeting your out-of-pocket maximum.

Additional Information

Cigna Diabetes Prevention Program in collaboration with Omada

Cigna Diabetes Prevention Program in collaboration with Omada is a program to help you avoid the onset of diabetes, as well as health risks that might lead to heart disease or a stroke. The program is covered by your health plan at the preventive level, just like for your wellness visit. Program participants have access to a professional virtual health coach, an online support group, interactive lessons, and a smart-technology scale. The program will help you make small changes in your eating, activity, sleep, and stress to achieve healthy weight loss through a series of 16 weekly lessons and tools to help you maintain weight loss over time. You will also be offered the opportunity to join a gym for a low monthly fee and no enrollment fee.

Out-of-Network Emergency Services Charges

1. Emergency Services are covered at the In-Network cost-sharing level as required by applicable state or federal law if services are received from a non-participating (Out-of-Network) provider.
2. The allowable amount used to determine the Plan's benefit payment for covered Emergency Services rendered in an Out-of-Network Hospital, or by an Out-of-Network provider in an In-Network Hospital, is the amount agreed to by the Out-of-Network provider and Cigna, or as required by applicable state or federal law.

The member is responsible for applicable In-Network cost-sharing amounts (any deductible, copay or coinsurance). The member is not responsible for any charges that may be made in excess of the allowable amount. If the Out-of-Network provider bills you for an amount higher than the amount you owe as indicated on the Explanation of Benefits (EOB), contact Cigna Customer Service at the phone number on your ID card.

Additional Information

Medicare Coordination

In accordance with the Social Security Act of 1965, this plan will pay as the Secondary plan to Medicare Part A and B as follows:

- (a) a former Employee such as a retiree, a former Disabled Employee, a former Employee's Dependent, or an Employee's Domestic Partner who is also eligible for Medicare and whose insurance is continued for any reason as provided in this plan (including COBRA continuation);
- (b) an Employee, a former Employee, an Employee's Dependent, or former Employee's Dependent, who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months.

When a person is eligible for Medicare A and B as described above, this plan will pay as the Secondary Plan to Medicare Part A and B **regardless if the person is actually enrolled in Medicare Part A and/or Part B and regardless if the person seeks care at a Medicare Provider or not for Medicare covered services.**

One Guide

Available by phone or through myCigna mobile application. One Guide helps you navigate the health care system and make the most of your health benefits and programs.

Out-of-Area Services

- Coverage for services rendered outside a network area
- ER and Ambulance paid the same as network services
- Preventive care services covered at 100% for Out-of-Area
- In-Network Deductible and Out-of-Pocket maximums apply

For all other services, plan pays 60% after the in-network deductible is met

Complete Care Management

Pre-authorization is required on all inpatient admissions and selected outpatient procedures, diagnostic testing, and outpatient surgery. Network providers are contractually obligated to perform pre-authorization on behalf of their customers.

Pre-Existing Condition Limitation (PCL) does not apply.

Definitions

Coinsurance - After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called Coinsurance.

Copay - A flat fee you pay for certain covered services such as doctor's visits or prescriptions.

Deductible - A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.

Out-of-Pocket Maximum - Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "Maximum Reimbursable Charges" or negotiated fees for covered services.

Place of Service - Your plan pays based on where you receive services. For example, for hospital stays, your coverage is paid at the inpatient level.

Prescription Drug List - The list of prescription brand and generic drugs covered by your pharmacy plan.

Professional Services - Services performed by Surgeons, Assistant Surgeons, Hospital Based Physicians, Radiologists, Pathologists and Anesthesiologists

Transition of Care - Provides in-network health coverage to new customers when the customer's doctor is not part of the Cigna network and there are approved clinical reasons why the customer should continue to see the same doctor.

Exclusions

What's Not Covered (This Is Not All Inclusive; check your plan documents for a complete list)

- Services that aren't medically necessary
- Experimental or investigational treatments, except for routine patient care costs related to qualified clinical trials as described in your plan document
- Accidental injury that occurs while working for pay or profit
- Sickness for which benefits are paid or payable under any workers' compensation or similar law

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Exclusions

- Services provided by government health plans
- Cosmetic surgery, unless it corrects deformities resulting from illness, breast reconstruction surgery after a mastectomy, or congenital defects of a newborn or adopted child or child placed for adoption
- Dental treatments and implants
- Custodial care
- Surgical procedures for the improvement of vision that can be corrected through the use of glasses or contact lenses
- Vision therapy or orthoptic treatment
- Hearing aids
- Reversal of sterilization procedures
- Nonprescription drugs or anti-obesity drugs
- Smoking cessation programs
- Non-emergency services incurred outside the United States
- Bariatric surgery
- Infertility services
- Treatment of TMJ disorders and craniofacial muscle disorders

These are only the highlights

This summary outlines the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's insurance certificate, service agreement or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.

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EHB State: TX

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file

a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.



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Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시고. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시고.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項:日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).

BENEFIT SUMMARY

Administered by - Cigna Health and Life Insurance Co.
For - Phoenix Management Solutions LLC
Open Access Plus Plan
OAP 2500
Effective - 01/01/2023



Selection of a Primary Care Provider - your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, Cigna may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card. For children, you may designate a pediatrician as the primary care provider.

Direct Access to Obstetricians and Gynecologists - You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

Plan Highlights	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited
Plan Year Accumulation	Your Plan's Deductibles, Out-of-Pockets and benefit level limits accumulate on a calendar year basis unless otherwise stated. In addition, all plan maximums and service-specific maximums (dollar and occurrence) cross-accumulate between In- and Out-of-Network unless otherwise noted.	
Plan Coinsurance	Plan pays 80%	Plan pays 60%
Maximum Reimbursable Charge	Not Applicable	110%
Plan Deductible	Individual: \$2,500 Family: \$7,500	Individual: \$5,000 Family: \$15,000
<ul style="list-style-type: none">Only the amount you pay for in-network covered expenses counts towards your in-network deductible. Only the amount you pay for out-of-network covered expenses counts towards your out-of-network deductible.Benefit copays/deductibles always apply before plan deductible and coinsurance.Family members meet only their individual deductible and then their claims will be covered under the plan coinsurance; if the family deductible has been met prior to their individual deductible being met, their claims will be paid at the plan coinsurance.		
Note: Services where plan deductible applies are noted with a caret (^).		

Plan Highlights		In-Network	Out-of-Network
Plan Out-of-Pocket Maximum		Individual: \$5,500 Family: \$16,500	Individual: \$11,000 Family: \$33,000
<ul style="list-style-type: none"> Only the amount you pay for in-network covered expenses counts toward your in-network out-of-pocket maximum. Only the amount you pay for out-of-network covered expenses counts toward your out-of-network out-of-pocket maximum. Plan deductible contributes towards your out-of-pocket maximum. All benefit copays/deductibles contribute towards your out-of-pocket maximum. Covered expenses that count towards your out-of-pocket maximum include customer paid coinsurance and charges for Mental Health and Substance Use Disorder. Out-of-network non-compliance penalties or charges in excess of Maximum Reimbursable Charge do not contribute towards the out-of-pocket maximum. After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses. This plan includes a combined Medical/Pharmacy out-of-pocket maximum. 			
Benefit		In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.			
Physician Services - Office Visits			
Primary Care Physician (PCP) Services/Office Visit		\$35 copay, and plan pays 100%	Plan pays 60% ^
Specialty Care Physician Services/Office Visit		\$70 copay, and plan pays 100%	Plan pays 60% ^
Surgery Performed in Physician's Office		Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Virtual Care			
Dedicated Virtual Providers - MDLIVE			
MDLIVE Urgent Virtual Care Services		Plan pays 100%	Not Covered
MDLIVE Primary Care Services		Plan pays 100%	Not Covered
MDLIVE Specialty Care Services		Plan pays 100%	Not Covered
<ul style="list-style-type: none"> Primary Care cost share applies to routine care. Virtual wellness screenings are payable under Preventive Care. For MDLIVE Behavioral Services, please refer to the Mental Health and Substance Use Disorder section (below). Lab services supporting a virtual visit must be obtained through dedicated labs. Includes charges for the delivery of medical and health-related services and consultations by dedicated virtual providers as medically appropriate through audio, video, and secure internet-based technologies. 			
Virtual Physician Services - Office Visits			
Primary Care Physician (PCP) Services/Office Visit		\$35 copay, and plan pays 100%	Plan pays 60% ^
Specialty Care Physician Services/Office Visit		\$70 copay, and plan pays 100%	Plan pays 60% ^
<ul style="list-style-type: none"> Physicians may deliver services virtually that are payable under other benefits (e.g., Preventive Care, Outpatient Therapy Services). Includes charges for the delivery of medical and health-related services and consultations as medically appropriate through audio, video, and secure internet-based technologies that are similar to office visit services provided in a face-to-face setting. 			

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.		
Convenience Care Clinic		
Convenience Care Clinic	\$35 copay, and plan pays 100%	Plan pays 60% ^
Preventive Care		
Preventive Care Office Visit	Plan pays 100%	Plan pays 60% ^
Preventive Services	Plan pays 100%	Plan pays 60% ^
<ul style="list-style-type: none">Includes preventive Mammograms, Papanicolaou (Pap), Prostate Specific Antigen (PSA) tests and colorectal screenings.Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service.		
Immunizations	Plan pays 100%	Plan pays 60% ^
Inpatient		
Inpatient Hospital Facility Services	Plan pays 80% ^	Plan pays 60% ^
Note: Includes all Lab and Radiology services, including Advanced Radiological Imaging as well as Medical Specialty Drugs		
Inpatient Hospital Physician's Visit/Consultation	Plan pays 80% ^	Plan pays 60% ^
Inpatient Professional Services	Plan pays 80% ^	Plan pays 60% ^
<ul style="list-style-type: none">For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists		
Outpatient		
Outpatient Facility Services	Plan pays 80% ^	Plan pays 60% ^
Outpatient Professional Services	Plan pays 80% ^	Plan pays 60% ^
<ul style="list-style-type: none">For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists		
Emergency Services		
Emergency Room	\$500 copay, and plan pays 80% ^	
<ul style="list-style-type: none">Includes ER Physician Charges, Lab and Radiology including Advanced Radiological Imaging (ARI)Per visit copay is waived if admitted.		
Urgent Care Facility	\$75 copay, and plan pays 100%	Plan pays 60% ^
<ul style="list-style-type: none">Includes Physician Charges, Lab and Radiology		
Ambulance	Plan pays 80% ^	
Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.		
Inpatient Services at Other Health Care Facilities		
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facilities	Plan pays 80% ^	Plan pays 60% ^
<ul style="list-style-type: none">Annual Limit: 100 days		

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.		
Laboratory Services		
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Independent Lab	Plan pays 100%	Plan pays 60% ^
Outpatient Facility	Plan pays 100%	Plan pays 60% ^
Radiology Services		
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Outpatient Facility	Plan pays 100%	Plan pays 60% ^
Advanced Radiological Imaging (ARI)	Includes MRI, MRA, CAT Scan, PET Scan, etc.	
Outpatient Facility	Plan pays 80% ^	Plan pays 60% ^
Physician's Services/Office Visit	Plan pays 80% ^	Plan pays 60% ^
Outpatient Therapy Services		
Outpatient Physical Therapy	\$70 copay, and plan pays 100%	Plan pays 60% ^
Annual Limits: <ul style="list-style-type: none"> Physical Therapy – 20 visits Limits are not applicable to mental health conditions. 		
Note: Therapy visits, provided as part of an approved Home Health Care plan, accumulate to the applicable Home Health Care maximum.		
Outpatient Speech Therapy, Hearing Therapy and Occupational Therapy	\$70 copay, and plan pays 100%	Plan pays 60% ^
Annual Limits: <ul style="list-style-type: none"> Speech, Hearing and Occupational Therapies – 20 visits Limits are not applicable to mental health conditions for Speech and Occupational Therapies. 		
Note: Therapy visits, provided as part of an approved Home Health Care plan, accumulate to the applicable Home Health Care maximum.		
Chiropractic Care	\$70 copay, and plan pays 100%	Plan pays 60% ^
Annual Limit: <ul style="list-style-type: none"> Chiropractic Care – 20 visits 		
Hospice		
Inpatient Facilities	Plan pays 80% ^	Plan pays 60% ^
Outpatient Services	Plan pays 80% ^	Plan pays 60% ^
Note: Includes Bereavement counseling provided as part of a hospice program.		

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.		
Medical Pharmaceutical Drugs		
Cigna Pathwell SpecialtySM Medical Pharmaceuticals	Cigna Pathwell SpecialtySM Network: Plan pays 90% ^	Not Covered
	All other medical network providers: Not Covered	
Other Medical Pharmaceuticals	Plan pays 90% ^	Not Covered
Note: This benefit only applies to the cost of Medical Pharmaceutical drugs administered. Related Facility, Office Visit or Professional charges are covered according to the plan design.		
Family Planning		
Women's Services	Plan pays 100%	Coverage varies based on Place of Service
Includes contraceptive devices as ordered or prescribed by a physician and surgical sterilization services, such as tubal ligation (excludes reversals)		
Men's Services	Coverage varies based on Place of Service	Coverage varies based on Place of Service
Includes surgical sterilization services, such as vasectomy (excludes reversals)		
Abortion		
Abortion Services	Coverage varies based on Place of Service	Coverage varies based on Place of Service
Note: Elective and non-elective procedures		
Infertility		
Infertility Treatment		
Note: Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness.		
Outpatient Dialysis Services		
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit	Not Covered
Home Dialysis Note: Dialysis visits will not accumulate to Home Health Care maximum	Covered same as plan's Home Health Care benefit	Not Covered
Outpatient Facility Services	Covered same as plan's Outpatient Facility Services benefit	Not Covered
Outpatient Professional Services	Covered same as plan's Outpatient Professional Services benefit	Not Covered

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.		
Other Health Care Facilities/Services		
Home Health Care <ul style="list-style-type: none"> Annual Limit: 100 visits (The limit is not applicable to mental health and substance use disorder conditions.) 	Plan pays 80% ^	Plan pays 60% ^
Organ Transplants <ul style="list-style-type: none"> Services paid at in-network level if performed at Cigna LifeSOURCE Transplant Network® Facilities. Travel Maximum - Cigna LifeSOURCE Transplant Network® Facility Only: \$10,000 maximum per Transplant per Lifetime 	Covered same as Inpatient benefit	Not Covered
Durable Medical Equipment and External Prosthetic Appliances <ul style="list-style-type: none"> Annual Limit: Unlimited 	Plan pays 80% ^	Plan pays 60% ^
Breast Feeding Equipment and Supplies <ul style="list-style-type: none"> Limited to the rental of one breast pump per birth as ordered or prescribed by a physician Includes related supplies 	Plan pays 100%	Plan pays 60% ^
Note: Services where plan deductible applies are noted with a caret (^).		
Mental Health and Substance Use Disorder		
Inpatient Mental Health	Plan pays 80% ^	Plan pays 60% ^
Outpatient Mental Health – Physician’s Office	\$70 copay, and plan pays 100%	Plan pays 60% ^
Outpatient Mental Health - MDLIVE Behavioral Services	\$70 copay, and plan pays 100%	Not Covered
Outpatient Mental Health – All Other Services	Plan pays 80%	Plan pays 60% ^
Inpatient Substance Use Disorder	Plan pays 80% ^	Plan pays 60% ^
Outpatient Substance Use Disorder – Physician’s Office	\$70 copay, and plan pays 100%	Plan pays 60% ^
Outpatient Substance Use Disorder - MDLIVE Behavioral Services	\$70 copay, and plan pays 100%	Not Covered
Outpatient Substance Use Disorder – All Other Services	Plan pays 80%	Plan pays 60% ^
Annual Limits: <ul style="list-style-type: none"> Unlimited maximum 		
Notes: <ul style="list-style-type: none"> Inpatient includes Acute Inpatient and Residential Treatment. Outpatient - Physician's Office and MDLIVE Behavioral Services - may include Individual, family and group therapy, psychotherapy, medication management, etc. Outpatient - All Other Services - may include Partial Hospitalization, Intensive Outpatient Services, Applied Behavior Analysis (ABA Therapy), etc. 		

Pharmacy

In-Network

Cost Share and Supply

Pharmacy Cost Share

- Retail – up to 90-day supply (except Specialty up to 30-day supply)
- Home Delivery – up to 90-day supply (except Specialty up to 30-day supply)
- If you receive a supply of 34 days or less at home delivery of a Specialty Prescription Drug, the Specialty home delivery cost share will be adjusted to reflect a Retail (per 30-day supply) cost share.

Retail (per 30-day supply):

Generic: You pay \$10
Preferred Brand: You pay \$20
Non-Preferred Brand: You pay \$50

Retail (per 90-day supply):

Generic: You pay \$20
Preferred Brand: You pay \$40
Non-Preferred Brand: You pay \$100

Home Delivery (per 90-day supply):

Generic: You pay \$30
Preferred Brand: You pay \$60
Non-Preferred Brand: You pay \$150

- Retail drugs for a 30 day supply may be obtained In-Network at a wide range of pharmacies across the nation although prescriptions for a 90 day supply (such as maintenance drugs) will be available at select network pharmacies.
- This plan will not cover out-of-network pharmacy benefits.
- Cigna 90 Now Program: You can choose to fill your medications in a 30- or 90-day supply. If you choose to fill a 30-day prescription, it can be filled at any network retail pharmacy or network home delivery pharmacy. If you choose to fill a 90-day prescription, it must be filled at a 90-day network retail pharmacy or network home delivery pharmacy to be covered by the plan.
- Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered.
- When you request a brand drug, you pay the brand cost share plus the cost difference between the brand and generic drugs up to the cost of the brand drug (unless the physician indicates "Dispense As Written" DAW) (MAC B).
- Exclusive specialty home delivery: Specialty medications must be filled through home delivery; otherwise you pay the entire cost of the prescription upon your first fill. Some exceptions may apply.
- Your pharmacy benefits share an out-of-pocket maximum with the medical/behavioral benefits.

Drugs Covered

Prescription Drug List:

Your Cigna Performance Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. To check which drugs are included in your plan, please log on to myCigna.com.

Some highlights:

- Coverage includes Self Administered injectable drugs, but excludes infertility drugs.
- Contraceptive devices and drugs are covered with federally required products covered at 100%.
- Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges are covered.
- Prescription smoking cessation drugs are covered.

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Pharmacy Program Information

Pharmacy Clinical Management: Essential

Your plan features drug management programs and edits to ensure safe prescribing, and access to medications proven to be the most reliable and cost effective for the medical condition, including:

- Prior authorization requirements
- Step Therapy on select classes of medications and drugs new to the market
- Quantity limits, including maximum daily dose edits, quantity over time edits, duration of therapy edits, and dose optimization edits
- Age edits, and refill-too-soon edits
- Plan exclusion edits
- Current users of Step Therapy medications will be allowed one 30-day fill during the first three months of coverage before Step Therapy program applies.
- Your plan includes Specialty Drug Management features, such as prior authorization and quantity limits, to ensure the safe prescribing and access to specialty medications.
- For customers with complex conditions taking a specialty medication, we will offer Accredo Therapeutic Resource Centers (TRCs) to provide specialty medication and condition counseling. For customers taking a specialty medication not dispensed by Accredo, Cigna experts will offer this important specialty medication and condition counseling.

Additional Information

Cigna Diabetes Prevention Program in collaboration with Omada

Cigna Diabetes Prevention Program in collaboration with Omada is a program to help you avoid the onset of diabetes, as well as health risks that might lead to heart disease or a stroke. The program is covered by your health plan at the preventive level, just like for your wellness visit. Program participants have access to a professional virtual health coach, an online support group, interactive lessons, and a smart-technology scale. The program will help you make small changes in your eating, activity, sleep, and stress to achieve healthy weight loss through a series of 16 weekly lessons and tools to help you maintain weight loss over time. You will also be offered the opportunity to join a gym for a low monthly fee and no enrollment fee.

Maximum Reimbursable Charge

The allowable covered expense for non-network services is based on the lesser of the health care professional's normal charge for a similar service or a percentage of a fee schedule (110%) developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule will not be used and the maximum reimbursable charge for covered services is based on the lesser of the health care professional's normal charge for a similar service or a percentile (80th) of charges made by health care professionals of such service or supply in the geographic area where it is received. If sufficient charge data is unavailable in the database for that geographic area to determine the Maximum Reimbursable Charge, then data in the database for similar services may be used. Out-of-network services are subject to a Calendar Year deductible and maximum reimbursable charge limitations.

Out-of-Network Emergency Services Charges

1. Emergency Services are covered at the In-Network cost-sharing level as required by applicable state or federal law if services are received from a non-participating (Out-of-Network) provider.
2. The allowable amount used to determine the Plan's benefit payment for covered Emergency Services rendered in an Out-of-Network Hospital, or by an Out-of-Network provider in an In-Network Hospital, is the amount agreed to by the Out-of-Network provider and Cigna, or as required by applicable state or federal law.

The member is responsible for applicable In-Network cost-sharing amounts (any deductible, copay or coinsurance). The member is not responsible for any charges that may be made in excess of the allowable amount. If the Out-of-Network provider bills you for an amount higher than the amount you owe as indicated on the Explanation of Benefits (EOB), contact Cigna Customer Service at the phone number on your ID card.

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Additional Information

Medicare Coordination

In accordance with the Social Security Act of 1965, this plan will pay as the Secondary plan to Medicare Part A and B as follows:

- (a) a former Employee such as a retiree, a former Disabled Employee, a former Employee's Dependent, or an Employee's Domestic Partner who is also eligible for Medicare and whose insurance is continued for any reason as provided in this plan (including COBRA continuation);
- (b) an Employee, a former Employee, an Employee's Dependent, or former Employee's Dependent, who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months.

When a person is eligible for Medicare A and B as described above, this plan will pay as the Secondary Plan to Medicare Part A and B **regardless if the person is actually enrolled in Medicare Part A and/or Part B and regardless if the person seeks care at a Medicare Provider or not for Medicare covered services.**

One Guide

Available by phone or through myCigna mobile application. One Guide helps you navigate the health care system and make the most of your health benefits and programs.

Out-of-Area Services

- Coverage for services rendered outside a network area
- ER and Ambulance paid the same as network services
- Preventive care services covered at 100% for Out-of-Area
- Out-of-Network Deductible and Out-of-Pocket maximums apply

For all other services, plan pays 80% after the out-of-network deductible is met

Complete Care Management

Pre-authorization is required on all inpatient admissions and selected outpatient procedures, diagnostic testing, and outpatient surgery. Network providers are contractually obligated to perform pre-authorization on behalf of their customers. For an out-of-network provider, the customer is responsible for following the pre-authorization procedures. If a customer does not follow requirements for obtaining pre-treatment authorization, a \$750 penalty will be applied.

Pre-Existing Condition Limitation (PCL) does not apply.

Definitions

Coinsurance - After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called Coinsurance.

Copay - A flat fee you pay for certain covered services such as doctor's visits or prescriptions.

Deductible - A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.

Out-of-Pocket Maximum - Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "Maximum Reimbursable Charges" or negotiated fees for covered services.

Place of Service - Your plan pays based on where you receive services. For example, for hospital stays, your coverage is paid at the inpatient level.

Prescription Drug List - The list of prescription brand and generic drugs covered by your pharmacy plan.

Professional Services - Services performed by Surgeons, Assistant Surgeons, Hospital Based Physicians, Radiologists, Pathologists and Anesthesiologists

Transition of Care - Provides in-network health coverage to new customers when the customer's doctor is not part of the Cigna network and there are approved clinical reasons why the customer should continue to see the same doctor.

Exclusions

What's Not Covered (This Is Not All Inclusive; check your plan documents for a complete list)

- Services that aren't medically necessary
- Experimental or investigational treatments, except for routine patient care costs related to qualified clinical trials as described in your plan document

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Exclusions

- Accidental injury that occurs while working for pay or profit
- Sickness for which benefits are paid or payable under any workers' compensation or similar law
- Services provided by government health plans
- Cosmetic surgery, unless it corrects deformities resulting from illness, breast reconstruction surgery after a mastectomy, or congenital defects of a newborn or adopted child or child placed for adoption
- Dental treatments and implants
- Custodial care
- Surgical procedures for the improvement of vision that can be corrected through the use of glasses or contact lenses
- Vision therapy or orthoptic treatment
- Hearing aids
- Reversal of sterilization procedures
- Nonprescription drugs or anti-obesity drugs
- Smoking cessation programs
- Non-emergency services incurred outside the United States
- Bariatric surgery
- Infertility services
- Treatment of TMJ disorders and craniofacial muscle disorders

These are only the highlights

This summary outlines the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's insurance certificate, service agreement or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

EHB State: TX

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file

a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.



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Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項:日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).

BENEFIT SUMMARY



Administered by - Cigna Health and Life Insurance Co.
 For - Phoenix Management Solutions LLC
 Open Access Plus Plan
 OAP 1500
 Effective - 01/01/2023

Selection of a Primary Care Provider - your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, Cigna may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card. For children, you may designate a pediatrician as the primary care provider.

Direct Access to Obstetricians and Gynecologists - You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

Plan Highlights	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited
Plan Year Accumulation	Your Plan's Deductibles, Out-of-Pockets and benefit level limits accumulate on a calendar year basis unless otherwise stated. In addition, all plan maximums and service-specific maximums (dollar and occurrence) cross-accumulate between In- and Out-of-Network unless otherwise noted.	
Plan Coinsurance	Plan pays 80%	Plan pays 60%
Maximum Reimbursable Charge	Not Applicable	110%
Plan Deductible	Individual: \$1,500 Family: \$4,500	Individual: \$3,000 Family: \$9,000
<ul style="list-style-type: none"> Only the amount you pay for in-network covered expenses counts towards your in-network deductible. Only the amount you pay for out-of-network covered expenses counts towards your out-of-network deductible. Benefit copays/deductibles always apply before plan deductible and coinsurance. Family members meet only their individual deductible and then their claims will be covered under the plan coinsurance; if the family deductible has been met prior to their individual deductible being met, their claims will be paid at the plan coinsurance. 		
Note: Services where plan deductible applies are noted with a caret (^).		

Plan Highlights		In-Network	Out-of-Network
Plan Out-of-Pocket Maximum		Individual: \$4,500 Family: \$13,500	Individual: \$9,000 Family: \$27,000
<ul style="list-style-type: none"> Only the amount you pay for in-network covered expenses counts toward your in-network out-of-pocket maximum. Only the amount you pay for out-of-network covered expenses counts toward your out-of-network out-of-pocket maximum. Plan deductible contributes towards your out-of-pocket maximum. All benefit copays/deductibles contribute towards your out-of-pocket maximum. Covered expenses that count towards your out-of-pocket maximum include customer paid coinsurance and charges for Mental Health and Substance Use Disorder. Out-of-network non-compliance penalties or charges in excess of Maximum Reimbursable Charge do not contribute towards the out-of-pocket maximum. After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses. This plan includes a combined Medical/Pharmacy out-of-pocket maximum. 			
Benefit		In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.			
Physician Services - Office Visits			
Primary Care Physician (PCP) Services/Office Visit		\$35 copay, and plan pays 100%	Plan pays 60% ^
Specialty Care Physician Services/Office Visit		\$60 copay, and plan pays 100%	Plan pays 60% ^
Surgery Performed in Physician's Office		Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Virtual Care			
Dedicated Virtual Providers - MDLIVE			
MDLIVE Urgent Virtual Care Services		Plan pays 100%	Not Covered
MDLIVE Primary Care Services		Plan pays 100%	Not Covered
MDLIVE Specialty Care Services		Plan pays 100%	Not Covered
<ul style="list-style-type: none"> Primary Care cost share applies to routine care. Virtual wellness screenings are payable under Preventive Care. For MDLIVE Behavioral Services, please refer to the Mental Health and Substance Use Disorder section (below). Lab services supporting a virtual visit must be obtained through dedicated labs. Includes charges for the delivery of medical and health-related services and consultations by dedicated virtual providers as medically appropriate through audio, video, and secure internet-based technologies. 			
Virtual Physician Services - Office Visits			
Primary Care Physician (PCP) Services/Office Visit		\$35 copay, and plan pays 100%	Plan pays 60% ^
Specialty Care Physician Services/Office Visit		\$60 copay, and plan pays 100%	Plan pays 60% ^
<ul style="list-style-type: none"> Physicians may deliver services virtually that are payable under other benefits (e.g., Preventive Care, Outpatient Therapy Services). Includes charges for the delivery of medical and health-related services and consultations as medically appropriate through audio, video, and secure internet-based technologies that are similar to office visit services provided in a face-to-face setting. 			

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.		
Convenience Care Clinic		
Convenience Care Clinic	\$35 copay, and plan pays 100%	Plan pays 60% ^
Preventive Care		
Preventive Care Office Visit	Plan pays 100%	Plan pays 60% ^
Preventive Services	Plan pays 100%	Plan pays 60% ^
<ul style="list-style-type: none">Includes preventive Mammograms, Papanicolaou (Pap), Prostate Specific Antigen (PSA) tests and colorectal screenings.Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service.		
Immunizations	Plan pays 100%	Plan pays 60% ^
Inpatient		
Inpatient Hospital Facility Services	Plan pays 80% ^	Plan pays 60% ^
Note: Includes all Lab and Radiology services, including Advanced Radiological Imaging as well as Medical Specialty Drugs		
Inpatient Hospital Physician's Visit/Consultation	Plan pays 80% ^	Plan pays 60% ^
Inpatient Professional Services	Plan pays 80% ^	Plan pays 60% ^
<ul style="list-style-type: none">For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists		
Outpatient		
Outpatient Facility Services	Plan pays 80% ^	Plan pays 60% ^
Outpatient Professional Services	Plan pays 80% ^	Plan pays 60% ^
<ul style="list-style-type: none">For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists		
Emergency Services		
Emergency Room	\$500 copay, and plan pays 80%	
<ul style="list-style-type: none">Includes ER Physician Charges, Lab and Radiology including Advanced Radiological Imaging (ARI)Per visit copay is waived if admitted.		
Urgent Care Facility	\$75 copay, and plan pays 100%	Plan pays 60% ^
<ul style="list-style-type: none">Includes Physician Charges, Lab and Radiology		
Ambulance	Plan pays 80% ^	
Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.		
Inpatient Services at Other Health Care Facilities		
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facilities	Plan pays 80% ^	Plan pays 60% ^
<ul style="list-style-type: none">Annual Limit: 100 days		

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.		
Laboratory Services		
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Independent Lab	Plan pays 80% ^	Plan pays 60% ^
Outpatient Facility	Plan pays 80% ^	Plan pays 60% ^
Radiology Services		
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Outpatient Facility	Plan pays 80% ^	Plan pays 60% ^
Advanced Radiological Imaging (ARI)	Includes MRI, MRA, CAT Scan, PET Scan, etc.	
Outpatient Facility	Plan pays 80% ^	Plan pays 60% ^
Physician's Services/Office Visit	Plan pays 80% ^	Plan pays 60% ^
Outpatient Therapy Services		
Outpatient Physical Therapy	\$60 copay, and plan pays 100%	Plan pays 60% ^
Annual Limits: <ul style="list-style-type: none"> Physical Therapy – 20 visits Limits are not applicable to mental health conditions. 		
Note: Therapy visits, provided as part of an approved Home Health Care plan, accumulate to the applicable Home Health Care maximum.		
Outpatient Speech Therapy, Hearing Therapy and Occupational Therapy	\$60 copay, and plan pays 100%	Plan pays 60% ^
Annual Limits: <ul style="list-style-type: none"> Speech, Hearing and Occupational Therapies – 20 visits Limits are not applicable to mental health conditions for Speech and Occupational Therapies. 		
Note: Therapy visits, provided as part of an approved Home Health Care plan, accumulate to the applicable Home Health Care maximum.		
Chiropractic Care	\$60 copay, and plan pays 100%	Plan pays 60% ^
Annual Limit: <ul style="list-style-type: none"> Chiropractic Care – 20 visits 		
Hospice		
Inpatient Facilities	Plan pays 80% ^	Plan pays 60% ^
Outpatient Services	Plan pays 80% ^	Plan pays 60% ^
Note: Includes Bereavement counseling provided as part of a hospice program.		

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.		
Medical Pharmaceutical Drugs		
Cigna Pathwell SpecialtySM Medical Pharmaceuticals	Cigna Pathwell SpecialtySM Network: Plan pays 80% ^	Not Covered
	All other medical network providers: Not Covered	
Other Medical Pharmaceuticals	Plan pays 80% ^	Not Covered
Note: This benefit only applies to the cost of Medical Pharmaceutical drugs administered. Related Facility, Office Visit or Professional charges are covered according to the plan design.		
Family Planning		
Women's Services Includes contraceptive devices as ordered or prescribed by a physician and surgical sterilization services, such as tubal ligation (excludes reversals)	Plan pays 100%	Coverage varies based on Place of Service
Men's Services Includes surgical sterilization services, such as vasectomy (excludes reversals)	Coverage varies based on Place of Service	Coverage varies based on Place of Service
Abortion		
Abortion Services Note: Elective and non-elective procedures	Coverage varies based on Place of Service	Coverage varies based on Place of Service
Infertility		
Infertility Treatment Note: Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness.		
Outpatient Dialysis Services		
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit	Not Covered
Home Dialysis Note: Dialysis visits will not accumulate to Home Health Care maximum	Covered same as plan's Home Health Care benefit	Not Covered
Outpatient Facility Services	Covered same as plan's Outpatient Facility Services benefit	Not Covered
Outpatient Professional Services	Covered same as plan's Outpatient Professional Services benefit	Not Covered

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.		
Other Health Care Facilities/Services		
Home Health Care <ul style="list-style-type: none"> Annual Limit: 100 visits (The limit is not applicable to mental health and substance use disorder conditions.) 	Plan pays 80% ^	Plan pays 60% ^
Organ Transplants <ul style="list-style-type: none"> Services paid at in-network level if performed at Cigna LifeSOURCE Transplant Network® Facilities. Travel Maximum - Cigna LifeSOURCE Transplant Network® Facility Only: \$10,000 maximum per Transplant per Lifetime 	Covered same as Inpatient benefit	Not Covered
Durable Medical Equipment and External Prosthetic Appliances <ul style="list-style-type: none"> Annual Limit: Unlimited 	Plan pays 80% ^	Plan pays 60% ^
Breast Feeding Equipment and Supplies <ul style="list-style-type: none"> Limited to the rental of one breast pump per birth as ordered or prescribed by a physician Includes related supplies 	Plan pays 100%	Plan pays 60% ^
Note: Services where plan deductible applies are noted with a caret (^).		
Mental Health and Substance Use Disorder		
Inpatient Mental Health	Plan pays 80% ^	Plan pays 60% ^
Outpatient Mental Health – Physician’s Office	\$60 copay, and plan pays 100%	Plan pays 60% ^
Outpatient Mental Health - MDLIVE Behavioral Services	\$60 copay, and plan pays 100%	Not Covered
Outpatient Mental Health – All Other Services	Plan pays 80% ^	Plan pays 60% ^
Inpatient Substance Use Disorder	Plan pays 80% ^	Plan pays 60% ^
Outpatient Substance Use Disorder – Physician’s Office	\$60 copay, and plan pays 100%	Plan pays 60% ^
Outpatient Substance Use Disorder - MDLIVE Behavioral Services	\$60 copay, and plan pays 100%	Not Covered
Outpatient Substance Use Disorder – All Other Services	Plan pays 80% ^	Plan pays 60% ^
Annual Limits: <ul style="list-style-type: none"> Unlimited maximum 		
Notes: <ul style="list-style-type: none"> Inpatient includes Acute Inpatient and Residential Treatment. Outpatient - Physician's Office and MDLIVE Behavioral Services - may include Individual, family and group therapy, psychotherapy, medication management, etc. Outpatient - All Other Services - may include Partial Hospitalization, Intensive Outpatient Services, Applied Behavior Analysis (ABA Therapy), etc. 		

Pharmacy

In-Network

Cost Share and Supply

Pharmacy Cost Share

- Retail – up to 90-day supply (except Specialty up to 30-day supply)
- Home Delivery – up to 90-day supply (except Specialty up to 30-day supply)
- If you receive a supply of 34 days or less at home delivery of a Specialty Prescription Drug, the Specialty home delivery cost share will be adjusted to reflect a Retail (per 30-day supply) cost share.

Retail (per 30-day supply):

Generic: You pay \$10
Preferred Brand: You pay \$20
Non-Preferred Brand: You pay \$50

Retail (per 90-day supply):

Generic: You pay \$20
Preferred Brand: You pay \$40
Non-Preferred Brand: You pay \$100

Home Delivery (per 90-day supply):

Generic: You pay \$30
Preferred Brand: You pay \$60
Non-Preferred Brand: You pay \$150

- Retail drugs for a 30 day supply may be obtained In-Network at a wide range of pharmacies across the nation although prescriptions for a 90 day supply (such as maintenance drugs) will be available at select network pharmacies.
- This plan will not cover out-of-network pharmacy benefits.
- Cigna 90 Now Program: You can choose to fill your medications in a 30- or 90-day supply. If you choose to fill a 30-day prescription, it can be filled at any network retail pharmacy or network home delivery pharmacy. If you choose to fill a 90-day prescription, it must be filled at a 90-day network retail pharmacy or network home delivery pharmacy to be covered by the plan.
- Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered.
- When you request a brand drug, you pay the brand cost share plus the cost difference between the brand and generic drugs up to the cost of the brand drug (unless the physician indicates "Dispense As Written" DAW) (MAC B).
- Exclusive specialty home delivery: Specialty medications must be filled through home delivery; otherwise you pay the entire cost of the prescription upon your first fill. Some exceptions may apply.
- Your pharmacy benefits share an out-of-pocket maximum with the medical/behavioral benefits.

Drugs Covered

Prescription Drug List:

Your Cigna Performance Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. To check which drugs are included in your plan, please log on to myCigna.com.

Some highlights:

- Coverage includes Self Administered injectable drugs, but excludes infertility drugs.
- Contraceptive devices and drugs are covered with federally required products covered at 100%.
- Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges are covered.
- Prescription smoking cessation drugs are covered.

01/01/2023

ASO

Open Access Plus - OAP 1500

Pharmacy Program Information

Pharmacy Clinical Management: Essential

Your plan features drug management programs and edits to ensure safe prescribing, and access to medications proven to be the most reliable and cost effective for the medical condition, including:

- Prior authorization requirements
- Step Therapy on select classes of medications and drugs new to the market
- Quantity limits, including maximum daily dose edits, quantity over time edits, duration of therapy edits, and dose optimization edits
- Age edits, and refill-too-soon edits
- Plan exclusion edits
- Current users of Step Therapy medications will be allowed one 30-day fill during the first three months of coverage before Step Therapy program applies.
- Your plan includes Specialty Drug Management features, such as prior authorization and quantity limits, to ensure the safe prescribing and access to specialty medications.
- For customers with complex conditions taking a specialty medication, we will offer Accredo Therapeutic Resource Centers (TRCs) to provide specialty medication and condition counseling. For customers taking a specialty medication not dispensed by Accredo, Cigna experts will offer this important specialty medication and condition counseling.

Additional Information

Cigna Diabetes Prevention Program in collaboration with Omada

Cigna Diabetes Prevention Program in collaboration with Omada is a program to help you avoid the onset of diabetes, as well as health risks that might lead to heart disease or a stroke. The program is covered by your health plan at the preventive level, just like for your wellness visit. Program participants have access to a professional virtual health coach, an online support group, interactive lessons, and a smart-technology scale. The program will help you make small changes in your eating, activity, sleep, and stress to achieve healthy weight loss through a series of 16 weekly lessons and tools to help you maintain weight loss over time. You will also be offered the opportunity to join a gym for a low monthly fee and no enrollment fee.

Maximum Reimbursable Charge

The allowable covered expense for non-network services is based on the lesser of the health care professional's normal charge for a similar service or a percentage of a fee schedule (110%) developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule will not be used and the maximum reimbursable charge for covered services is based on the lesser of the health care professional's normal charge for a similar service or a percentile (80th) of charges made by health care professionals of such service or supply in the geographic area where it is received. If sufficient charge data is unavailable in the database for that geographic area to determine the Maximum Reimbursable Charge, then data in the database for similar services may be used. Out-of-network services are subject to a Calendar Year deductible and maximum reimbursable charge limitations.

Out-of-Network Emergency Services Charges

1. Emergency Services are covered at the In-Network cost-sharing level as required by applicable state or federal law if services are received from a non-participating (Out-of-Network) provider.
2. The allowable amount used to determine the Plan's benefit payment for covered Emergency Services rendered in an Out-of-Network Hospital, or by an Out-of-Network provider in an In-Network Hospital, is the amount agreed to by the Out-of-Network provider and Cigna, or as required by applicable state or federal law.

The member is responsible for applicable In-Network cost-sharing amounts (any deductible, copay or coinsurance). The member is not responsible for any charges that may be made in excess of the allowable amount. If the Out-of-Network provider bills you for an amount higher than the amount you owe as indicated on the Explanation of Benefits (EOB), contact Cigna Customer Service at the phone number on your ID card.

01/01/2023

ASO

Open Access Plus - OAP 1500

Additional Information

Medicare Coordination

In accordance with the Social Security Act of 1965, this plan will pay as the Secondary plan to Medicare Part A and B as follows:

- (a) a former Employee such as a retiree, a former Disabled Employee, a former Employee's Dependent, or an Employee's Domestic Partner who is also eligible for Medicare and whose insurance is continued for any reason as provided in this plan (including COBRA continuation);
- (b) an Employee, a former Employee, an Employee's Dependent, or former Employee's Dependent, who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months.

When a person is eligible for Medicare A and B as described above, this plan will pay as the Secondary Plan to Medicare Part A and B **regardless if the person is actually enrolled in Medicare Part A and/or Part B and regardless if the person seeks care at a Medicare Provider or not for Medicare covered services.**

One Guide

Available by phone or through myCigna mobile application. One Guide helps you navigate the health care system and make the most of your health benefits and programs.

Out-of-Area Services

- Coverage for services rendered outside a network area
- ER and Ambulance paid the same as network services
- Preventive care services covered at 100% for Out-of-Area
- Out-of-Network Deductible and Out-of-Pocket maximums apply

For all other services, plan pays 80% after the out-of-network deductible is met

Complete Care Management

Pre-authorization is required on all inpatient admissions and selected outpatient procedures, diagnostic testing, and outpatient surgery. Network providers are contractually obligated to perform pre-authorization on behalf of their customers. For an out-of-network provider, the customer is responsible for following the pre-authorization procedures. If a customer does not follow requirements for obtaining pre-treatment authorization, a \$750 penalty will be applied.

Pre-Existing Condition Limitation (PCL) does not apply.

Definitions

Coinsurance - After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called Coinsurance.

Copay - A flat fee you pay for certain covered services such as doctor's visits or prescriptions.

Deductible - A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.

Out-of-Pocket Maximum - Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "Maximum Reimbursable Charges" or negotiated fees for covered services.

Place of Service - Your plan pays based on where you receive services. For example, for hospital stays, your coverage is paid at the inpatient level.

Prescription Drug List - The list of prescription brand and generic drugs covered by your pharmacy plan.

Professional Services - Services performed by Surgeons, Assistant Surgeons, Hospital Based Physicians, Radiologists, Pathologists and Anesthesiologists

Transition of Care - Provides in-network health coverage to new customers when the customer's doctor is not part of the Cigna network and there are approved clinical reasons why the customer should continue to see the same doctor.

Exclusions

What's Not Covered (This Is Not All Inclusive; check your plan documents for a complete list)

- Services that aren't medically necessary
- Experimental or investigational treatments, except for routine patient care costs related to qualified clinical trials as described in your plan document

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Exclusions

- Accidental injury that occurs while working for pay or profit
- Sickness for which benefits are paid or payable under any workers' compensation or similar law
- Services provided by government health plans
- Cosmetic surgery, unless it corrects deformities resulting from illness, breast reconstruction surgery after a mastectomy, or congenital defects of a newborn or adopted child or child placed for adoption
- Dental treatments and implants
- Custodial care
- Surgical procedures for the improvement of vision that can be corrected through the use of glasses or contact lenses
- Vision therapy or orthoptic treatment
- Hearing aids
- Reversal of sterilization procedures
- Nonprescription drugs or anti-obesity drugs
- Smoking cessation programs
- Non-emergency services incurred outside the United States
- Bariatric surgery
- Infertility services
- Treatment of TMJ disorders and craniofacial muscle disorders

These are only the highlights

This summary outlines the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's insurance certificate, service agreement or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

EHB State: TX

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file

a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시고. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시고.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki deyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項:日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).

BENEFIT SUMMARY

Administered by - Cigna Health and Life Insurance Co.
For - Phoenix Management Solutions LLC
Open Access Plus Plan
OAP 750
Effective - 01/01/2023



Selection of a Primary Care Provider - your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, Cigna may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card. For children, you may designate a pediatrician as the primary care provider.

Direct Access to Obstetricians and Gynecologists - You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

Plan Highlights	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited
Plan Year Accumulation	Your Plan's Deductibles, Out-of-Pockets and benefit level limits accumulate on a calendar year basis unless otherwise stated. In addition, all plan maximums and service-specific maximums (dollar and occurrence) cross-accumulate between In- and Out-of-Network unless otherwise noted.	
Plan Coinsurance	Plan pays 90%	Plan pays 70%
Maximum Reimbursable Charge	Not Applicable	110%
Plan Deductible	Individual: \$750 Family: \$2,250	Individual: \$1,500 Family: \$4,500
<ul style="list-style-type: none">Only the amount you pay for in-network covered expenses counts towards your in-network deductible. Only the amount you pay for out-of-network covered expenses counts towards your out-of-network deductible.Benefit copays/deductibles always apply before plan deductible and coinsurance.Family members meet only their individual deductible and then their claims will be covered under the plan coinsurance; if the family deductible has been met prior to their individual deductible being met, their claims will be paid at the plan coinsurance.		
Note: Services where plan deductible applies are noted with a caret (^).		

Plan Highlights		In-Network	Out-of-Network
Plan Out-of-Pocket Maximum		Individual: \$2,250 Family: \$6,750	Individual: \$4,500 Family: \$13,500
<ul style="list-style-type: none"> Only the amount you pay for in-network covered expenses counts toward your in-network out-of-pocket maximum. Only the amount you pay for out-of-network covered expenses counts toward your out-of-network out-of-pocket maximum. Plan deductible contributes towards your out-of-pocket maximum. All benefit copays/deductibles contribute towards your out-of-pocket maximum. Covered expenses that count towards your out-of-pocket maximum include customer paid coinsurance and charges for Mental Health and Substance Use Disorder. Out-of-network non-compliance penalties or charges in excess of Maximum Reimbursable Charge do not contribute towards the out-of-pocket maximum. After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses. This plan includes a combined Medical/Pharmacy out-of-pocket maximum. 			
Benefit		In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.			
Physician Services - Office Visits			
Primary Care Physician (PCP) Services/Office Visit		\$25 copay, and plan pays 100%	Plan pays 70% ^
Specialty Care Physician Services/Office Visit		\$50 copay, and plan pays 100%	Plan pays 70% ^
Surgery Performed in Physician's Office		Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Virtual Care			
Dedicated Virtual Providers - MDLIVE			
MDLIVE Urgent Virtual Care Services		Plan pays 100%	Not Covered
MDLIVE Primary Care Services		Plan pays 100%	Not Covered
MDLIVE Specialty Care Services		Plan pays 100%	Not Covered
<ul style="list-style-type: none"> Primary Care cost share applies to routine care. Virtual wellness screenings are payable under Preventive Care. For MDLIVE Behavioral Services, please refer to the Mental Health and Substance Use Disorder section (below). Lab services supporting a virtual visit must be obtained through dedicated labs. Includes charges for the delivery of medical and health-related services and consultations by dedicated virtual providers as medically appropriate through audio, video, and secure internet-based technologies. 			
Virtual Physician Services - Office Visits			
Primary Care Physician (PCP) Services/Office Visit		\$25 copay, and plan pays 100%	Plan pays 70% ^
Specialty Care Physician Services/Office Visit		\$50 copay, and plan pays 100%	Plan pays 70% ^
<ul style="list-style-type: none"> Physicians may deliver services virtually that are payable under other benefits (e.g., Preventive Care, Outpatient Therapy Services). Includes charges for the delivery of medical and health-related services and consultations as medically appropriate through audio, video, and secure internet-based technologies that are similar to office visit services provided in a face-to-face setting. 			

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.		
Convenience Care Clinic		
Convenience Care Clinic	\$25 copay, and plan pays 100%	Plan pays 70% ^
Preventive Care		
Preventive Care Office Visit	Plan pays 100%	Plan pays 70% ^
Preventive Services	Plan pays 100%	Plan pays 70% ^
<ul style="list-style-type: none">Includes preventive Mammograms, Papanicolaou (Pap), Prostate Specific Antigen (PSA) tests and colorectal screenings.Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service.		
Immunizations	Plan pays 100%	Plan pays 70% ^
Inpatient		
Inpatient Hospital Facility Services	Plan pays 90% ^	Plan pays 70% ^
Note: Includes all Lab and Radiology services, including Advanced Radiological Imaging as well as Medical Specialty Drugs		
Inpatient Hospital Physician's Visit/Consultation	Plan pays 90% ^	Plan pays 70% ^
Inpatient Professional Services	Plan pays 90% ^	Plan pays 70% ^
<ul style="list-style-type: none">For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists		
Outpatient		
Outpatient Facility Services	Plan pays 90% ^	Plan pays 70% ^
Outpatient Professional Services	Plan pays 90% ^	Plan pays 70% ^
<ul style="list-style-type: none">For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists		
Emergency Services		
Emergency Room	\$500 copay, and plan pays 90%	
<ul style="list-style-type: none">Includes ER Physician Charges, Lab and Radiology including Advanced Radiological Imaging (ARI)Per visit copay is waived if admitted.		
Urgent Care Facility	\$75 copay, and plan pays 100%	Plan pays 70% ^
<ul style="list-style-type: none">Includes Physician Charges, Lab and Radiology		
Ambulance	Plan pays 90% ^	
Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.		
Inpatient Services at Other Health Care Facilities		
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facilities	Plan pays 90% ^	Plan pays 70% ^
<ul style="list-style-type: none">Annual Limit: 100 days		

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.		
Laboratory Services		
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Independent Lab	Plan pays 90% ^	Plan pays 70% ^
Outpatient Facility	Plan pays 90% ^	Plan pays 70% ^
Radiology Services		
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Outpatient Facility	Plan pays 90% ^	Plan pays 70% ^
Advanced Radiological Imaging (ARI)	Includes MRI, MRA, CAT Scan, PET Scan, etc.	
Outpatient Facility	Plan pays 90% ^	Plan pays 70% ^
Physician's Services/Office Visit	Plan pays 90% ^	Plan pays 70% ^
Outpatient Therapy Services		
Outpatient Physical Therapy	\$50 copay, and plan pays 100%	Plan pays 70% ^
Annual Limits: <ul style="list-style-type: none"> Physical Therapy – 20 visits Limits are not applicable to mental health conditions. 		
Note: Therapy visits, provided as part of an approved Home Health Care plan, accumulate to the applicable Home Health Care maximum.		
Outpatient Speech Therapy, Hearing Therapy and Occupational Therapy	\$50 copay, and plan pays 100%	Plan pays 70% ^
Annual Limits: <ul style="list-style-type: none"> Speech, Hearing and Occupational Therapies – 20 visits Limits are not applicable to mental health conditions for Speech and Occupational Therapies. 		
Note: Therapy visits, provided as part of an approved Home Health Care plan, accumulate to the applicable Home Health Care maximum.		
Chiropractic Care	\$50 copay, and plan pays 100%	Plan pays 70% ^
Annual Limit: <ul style="list-style-type: none"> Chiropractic Care – 20 visits 		
Hospice		
Inpatient Facilities	Plan pays 90% ^	Plan pays 70% ^
Outpatient Services	Plan pays 90% ^	Plan pays 70% ^
Note: Includes Bereavement counseling provided as part of a hospice program.		

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.		
Medical Pharmaceutical Drugs		
Cigna Pathwell SpecialtySM Medical Pharmaceuticals	Cigna Pathwell SpecialtySM Network: Plan pays 90% ^ All other medical network providers: Not Covered	Not Covered
Other Medical Pharmaceuticals	Plan pays 90% ^	Not Covered
Note: This benefit only applies to the cost of Medical Pharmaceutical drugs administered. Related Facility, Office Visit or Professional charges are covered according to the plan design.		
Family Planning		
Women's Services	Plan pays 100%	Coverage varies based on Place of Service
Includes contraceptive devices as ordered or prescribed by a physician and surgical sterilization services, such as tubal ligation (excludes reversals)		
Men's Services	Coverage varies based on Place of Service	Coverage varies based on Place of Service
Includes surgical sterilization services, such as vasectomy (excludes reversals)		
Abortion		
Abortion Services	Coverage varies based on Place of Service	Coverage varies based on Place of Service
Note: Elective and non-elective procedures		
Infertility		
Infertility Treatment		
Note: Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness.		
Outpatient Dialysis Services		
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit	Not Covered
Home Dialysis Note: Dialysis visits will not accumulate to Home Health Care maximum	Covered same as plan's Home Health Care benefit	Not Covered
Outpatient Facility Services	Covered same as plan's Outpatient Facility Services benefit	Not Covered
Outpatient Professional Services	Covered same as plan's Outpatient Professional Services benefit	Not Covered

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.		
Other Health Care Facilities/Services		
Home Health Care <ul style="list-style-type: none"> Annual Limit: 100 visits (The limit is not applicable to mental health and substance use disorder conditions.) 	Plan pays 90% ^	Plan pays 70% ^
Organ Transplants <ul style="list-style-type: none"> Services paid at in-network level if performed at Cigna LifeSOURCE Transplant Network® Facilities. Travel Maximum - Cigna LifeSOURCE Transplant Network® Facility Only: \$10,000 maximum per Transplant per Lifetime 	Covered same as Inpatient benefit	Not Covered
Durable Medical Equipment and External Prosthetic Appliances <ul style="list-style-type: none"> Annual Limit: Unlimited 	Plan pays 90% ^	Plan pays 70% ^
Breast Feeding Equipment and Supplies <ul style="list-style-type: none"> Limited to the rental of one breast pump per birth as ordered or prescribed by a physician Includes related supplies 	Plan pays 100%	Plan pays 70% ^
Note: Services where plan deductible applies are noted with a caret (^).		
Mental Health and Substance Use Disorder		
Inpatient Mental Health	Plan pays 90% ^	Plan pays 70% ^
Outpatient Mental Health – Physician’s Office	\$50 copay, and plan pays 100%	Plan pays 70% ^
Outpatient Mental Health - MDLIVE Behavioral Services	\$50 copay, and plan pays 100%	Not Covered
Outpatient Mental Health – All Other Services	Plan pays 90% ^	Plan pays 70% ^
Inpatient Substance Use Disorder	Plan pays 90% ^	Plan pays 70% ^
Outpatient Substance Use Disorder – Physician’s Office	\$50 copay, and plan pays 100%	Plan pays 70% ^
Outpatient Substance Use Disorder - MDLIVE Behavioral Services	\$50 copay, and plan pays 100%	Not Covered
Outpatient Substance Use Disorder – All Other Services	Plan pays 90% ^	Plan pays 70% ^
Annual Limits: <ul style="list-style-type: none"> Unlimited maximum 		
Notes: <ul style="list-style-type: none"> Inpatient includes Acute Inpatient and Residential Treatment. Outpatient - Physician's Office and MDLIVE Behavioral Services - may include Individual, family and group therapy, psychotherapy, medication management, etc. Outpatient - All Other Services - may include Partial Hospitalization, Intensive Outpatient Services, Applied Behavior Analysis (ABA Therapy), etc. 		

Pharmacy

In-Network

Cost Share and Supply

Pharmacy Cost Share

- Retail – up to 90-day supply (except Specialty up to 30-day supply)
- Home Delivery – up to 90-day supply (except Specialty up to 30-day supply)
- If you receive a supply of 34 days or less at home delivery of a Specialty Prescription Drug, the Specialty home delivery cost share will be adjusted to reflect a Retail (per 30-day supply) cost share.

Retail (per 30-day supply):

Generic: You pay \$10
Preferred Brand: You pay \$20
Non-Preferred Brand: You pay \$50

Retail (per 90-day supply):

Generic: You pay \$20
Preferred Brand: You pay \$40
Non-Preferred Brand: You pay \$100

Home Delivery (per 90-day supply):

Generic: You pay \$30
Preferred Brand: You pay \$60
Non-Preferred Brand: You pay \$150

- Retail drugs for a 30 day supply may be obtained In-Network at a wide range of pharmacies across the nation although prescriptions for a 90 day supply (such as maintenance drugs) will be available at select network pharmacies.
- This plan will not cover out-of-network pharmacy benefits.
- Cigna 90 Now Program: You can choose to fill your medications in a 30- or 90-day supply. If you choose to fill a 30-day prescription, it can be filled at any network retail pharmacy or network home delivery pharmacy. If you choose to fill a 90-day prescription, it must be filled at a 90-day network retail pharmacy or network home delivery pharmacy to be covered by the plan.
- Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered.
- When you request a brand drug, you pay the brand cost share plus the cost difference between the brand and generic drugs up to the cost of the brand drug (unless the physician indicates "Dispense As Written" DAW) (MAC B).
- Exclusive specialty home delivery: Specialty medications must be filled through home delivery; otherwise you pay the entire cost of the prescription upon your first fill. Some exceptions may apply.
- Your pharmacy benefits share an out-of-pocket maximum with the medical/behavioral benefits.

Drugs Covered

Prescription Drug List:

Your Cigna Performance Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. To check which drugs are included in your plan, please log on to myCigna.com.

Some highlights:

- Coverage includes Self Administered injectable drugs, but excludes infertility drugs.
- Contraceptive devices and drugs are covered with federally required products covered at 100%.
- Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges are covered.
- Prescription smoking cessation drugs are covered.

01/01/2023

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Pharmacy Program Information

Pharmacy Clinical Management: Essential

Your plan features drug management programs and edits to ensure safe prescribing, and access to medications proven to be the most reliable and cost effective for the medical condition, including:

- Prior authorization requirements
- Step Therapy on select classes of medications and drugs new to the market
- Quantity limits, including maximum daily dose edits, quantity over time edits, duration of therapy edits, and dose optimization edits
- Age edits, and refill-too-soon edits
- Plan exclusion edits
- Current users of Step Therapy medications will be allowed one 30-day fill during the first three months of coverage before Step Therapy program applies.
- Your plan includes Specialty Drug Management features, such as prior authorization and quantity limits, to ensure the safe prescribing and access to specialty medications.
- For customers with complex conditions taking a specialty medication, we will offer Accredo Therapeutic Resource Centers (TRCs) to provide specialty medication and condition counseling. For customers taking a specialty medication not dispensed by Accredo, Cigna experts will offer this important specialty medication and condition counseling.

Additional Information

Cigna Diabetes Prevention Program in collaboration with Omada

Cigna Diabetes Prevention Program in collaboration with Omada is a program to help you avoid the onset of diabetes, as well as health risks that might lead to heart disease or a stroke. The program is covered by your health plan at the preventive level, just like for your wellness visit. Program participants have access to a professional virtual health coach, an online support group, interactive lessons, and a smart-technology scale. The program will help you make small changes in your eating, activity, sleep, and stress to achieve healthy weight loss through a series of 16 weekly lessons and tools to help you maintain weight loss over time. You will also be offered the opportunity to join a gym for a low monthly fee and no enrollment fee.

Maximum Reimbursable Charge

The allowable covered expense for non-network services is based on the lesser of the health care professional's normal charge for a similar service or a percentage of a fee schedule (110%) developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule will not be used and the maximum reimbursable charge for covered services is based on the lesser of the health care professional's normal charge for a similar service or a percentile (80th) of charges made by health care professionals of such service or supply in the geographic area where it is received. If sufficient charge data is unavailable in the database for that geographic area to determine the Maximum Reimbursable Charge, then data in the database for similar services may be used. Out-of-network services are subject to a Calendar Year deductible and maximum reimbursable charge limitations.

Out-of-Network Emergency Services Charges

1. Emergency Services are covered at the In-Network cost-sharing level as required by applicable state or federal law if services are received from a non-participating (Out-of-Network) provider.
2. The allowable amount used to determine the Plan's benefit payment for covered Emergency Services rendered in an Out-of-Network Hospital, or by an Out-of-Network provider in an In-Network Hospital, is the amount agreed to by the Out-of-Network provider and Cigna, or as required by applicable state or federal law.

The member is responsible for applicable In-Network cost-sharing amounts (any deductible, copay or coinsurance). The member is not responsible for any charges that may be made in excess of the allowable amount. If the Out-of-Network provider bills you for an amount higher than the amount you owe as indicated on the Explanation of Benefits (EOB), contact Cigna Customer Service at the phone number on your ID card.

Additional Information

Medicare Coordination

In accordance with the Social Security Act of 1965, this plan will pay as the Secondary plan to Medicare Part A and B as follows:

- (a) a former Employee such as a retiree, a former Disabled Employee, a former Employee's Dependent, or an Employee's Domestic Partner who is also eligible for Medicare and whose insurance is continued for any reason as provided in this plan (including COBRA continuation);
- (b) an Employee, a former Employee, an Employee's Dependent, or former Employee's Dependent, who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months.

When a person is eligible for Medicare A and B as described above, this plan will pay as the Secondary Plan to Medicare Part A and B **regardless if the person is actually enrolled in Medicare Part A and/or Part B and regardless if the person seeks care at a Medicare Provider or not for Medicare covered services.**

One Guide

Available by phone or through myCigna mobile application. One Guide helps you navigate the health care system and make the most of your health benefits and programs.

Out-of-Area Services

- Coverage for services rendered outside a network area
- ER and Ambulance paid the same as network services
- Preventive care services covered at 100% for Out-of-Area
- Out-of-Network Deductible and Out-of-Pocket maximums apply

For all other services, plan pays 80% after the out-of-network deductible is met

Complete Care Management

Pre-authorization is required on all inpatient admissions and selected outpatient procedures, diagnostic testing, and outpatient surgery. Network providers are contractually obligated to perform pre-authorization on behalf of their customers. For an out-of-network provider, the customer is responsible for following the pre-authorization procedures. If a customer does not follow requirements for obtaining pre-treatment authorization, a \$750 penalty will be applied.

Pre-Existing Condition Limitation (PCL) does not apply.

Definitions

Coinsurance - After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called Coinsurance.

Copay - A flat fee you pay for certain covered services such as doctor's visits or prescriptions.

Deductible - A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.

Out-of-Pocket Maximum - Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "Maximum Reimbursable Charges" or negotiated fees for covered services.

Place of Service - Your plan pays based on where you receive services. For example, for hospital stays, your coverage is paid at the inpatient level.

Prescription Drug List - The list of prescription brand and generic drugs covered by your pharmacy plan.

Professional Services - Services performed by Surgeons, Assistant Surgeons, Hospital Based Physicians, Radiologists, Pathologists and Anesthesiologists

Transition of Care - Provides in-network health coverage to new customers when the customer's doctor is not part of the Cigna network and there are approved clinical reasons why the customer should continue to see the same doctor.

Exclusions

What's Not Covered (This Is Not All Inclusive; check your plan documents for a complete list)

- Services that aren't medically necessary
- Experimental or investigational treatments, except for routine patient care costs related to qualified clinical trials as described in your plan document

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Exclusions

- Accidental injury that occurs while working for pay or profit
- Sickness for which benefits are paid or payable under any workers' compensation or similar law
- Services provided by government health plans
- Cosmetic surgery, unless it corrects deformities resulting from illness, breast reconstruction surgery after a mastectomy, or congenital defects of a newborn or adopted child or child placed for adoption
- Dental treatments and implants
- Custodial care
- Surgical procedures for the improvement of vision that can be corrected through the use of glasses or contact lenses
- Vision therapy or orthoptic treatment
- Hearing aids
- Reversal of sterilization procedures
- Nonprescription drugs or anti-obesity drugs
- Smoking cessation programs
- Non-emergency services incurred outside the United States
- Bariatric surgery
- Infertility services
- Treatment of TMJ disorders and craniofacial muscle disorders

These are only the highlights

This summary outlines the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's insurance certificate, service agreement or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

EHB State: TX

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file

a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시고. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시고.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項:日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).



Summary of Benefits

Dental Benefit Summary

Group ID:	00570352	Coverage Type:	Voluntary
Group Name:	PHOENIX MANAGEMENT SOLUTIONS, LLC	Class:	0001 ALL ELIGIBLE EMPLOYEES ELECTING & WAIVING DI CHOICE FROM \$500 TO \$2500
Waiting Period:	1st of the month following 30 day(s)	As of Date:	09/21/2022

Plan Information

Your dental networks are: Dental - DentalGuard Pref - Texas and Dental - DentalGuard Pref NAP - Texas

Coverage Information

	Dental - DentalGuard Pref - Texas		Dental - DentalGuard Pref NAP - Texas	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Texas network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref NAP - Texas network will be most cost effective.	
	In Network	Out of Network	In Network	Out of Network
Calendar year deductible	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	Out of Network is a combined deductible for in and out of network services.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.
Preventive	Waived	Waived		Waived
Basic	Not Waived	Not Waived		Not Waived
Major	Not Waived	Not Waived		Not Waived
Calendar Year Maximum Benefit	The amount shown in the out of network field is your combined Calendar Year	\$1,500	The amount shown in the out of network field is your combined Calendar Year	\$1,500

	Dental - DentalGuard Pref - Texas		Dental - DentalGuard Pref NAP - Texas	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Texas network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref NAP - Texas network will be most cost effective.	
	In Network	Out of Network	In Network	Out of Network
	maximum for both in and out of network services.		maximum for both in and out of network services.	
Lifetime Orthodontia Maximum	The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in and out of network services	\$1,000	The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in and out of network services	\$1,000
Maximum rollover	Yes	Yes	Yes	Yes
Monthly Switch	Not Available	Not Available	Not Available	Not Available
	How much does the plan pay?	How much does the plan pay?(as a percentage of fee schedule.)	How much does the plan pay?	How much does the plan pay?
Office Visit Co-pay (one office visit may cover multiple services)	None	None	None	None
Preventive Care:	100%	100%	100%	100%
Bitewing X-Rays	100%	100%	100%	100%
Full Mouth X-Rays	100%	100%	100%	100%
Cleaning	100%	100%	100%	100%
Oral Exams	100%	100%	100%	100%
Sealants (per tooth)	100%	100%	100%	100%
Basic Care:	100%	100%	80%	80%
Fillings (one surface)	100%	100%	80%	80%
General Anesthesia ¹	100%	100%	80%	80%
Scaling & Root Planing (per quadrant)	100%	100%	80%	80%
Simple Extractions	100%	100%	80%	80%

	Dental - DentalGuard Pref - Texas		Dental - DentalGuard Pref NAP - Texas	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Texas network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref NAP - Texas network will be most cost effective.	
	In Network	Out of Network	In Network	Out of Network
Major Care:	60%	60%	50%	50%
Dentures	60%	60%	50%	50%
Single Crowns	60%	60%	50%	50%
Orthodontia	50%	50%	50%	50%

General Exclusions

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans:

This policy provides dental insurance only. Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury.

Deductibles apply.

The plan does not pay for:

- Oral hygiene services (except as covered under preventive services),
- Orthodontia (unless expressly provided for),
- Cosmetic or experimental treatments (unless they are expressly provided for).
- Any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment.

The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DEN -16 et al.

Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

 ¹ Restrictions apply and may be subject to medical necessity.

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.



Summary of Benefits

Vision Benefit Summary

Group ID:	00570352	Coverage Type:	Voluntary
Group Name:	PHOENIX MANAGEMENT SOLUTIONS, LLC	Class:	0001 ALL ELIGIBLE EMPLOYEES ELECTING & WAIVING DI CHOICE FROM \$500 TO \$2500
Waiting Period:	1st of the month following 30 day(s)	As of Date:	09/21/2022

Plan Information

Your network is the VSP - Choice Full Feature

Coverage Information

	VSP - Choice Full Feature	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.	
	In-Network	Out-Of-Network
Co-Pay		
First service provided	Not applicable	
Exams	Exams \$10.00	
Materials	Materials (waived for conventional and planned replacement contact lenses) \$15.00	
How often can I obtain service?	Exams:	
	Once a year.	
	Lenses:	
	Once a year.	
	Frames:	
	Once every other year.	
	Materials:	
	Once a year.	
	In-Network	Out-Of-Network

	VSP - Choice Full Feature	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.	
	In-Network	Out-Of-Network
Eye exams	Copay applies	Amount over: \$39.00
Lenses		
Single vision lenses	Copay applies	Amount over: \$23.00
Lined bifocal lenses	Copay applies	Amount over: \$37.00
Lined trifocal lenses	Copay applies	Amount over: \$49.00
Lenticular lenses	Copay applies	Amount over: \$64.00
Contact Lenses		
Conventional	Amount over: \$130.00	Amount over: \$100.00
Planned replacement	Amount over \$130.00	\$120 Max (copay waived)
Medically necessary	Copay Applies	Amount over: \$210.00
Evaluation and fitting	15% off professional fee	Included in Contact Lens allowance
Frames	\$130.00, 20% discount on amount over \$130.00.	Amount over: \$46.00
Lens & Frame Allowance	No discounts	No discounts
Cosmetic Extras	Discounted at an average of 20%-25% off providers UCR.	No discounts
Laser correction surgery	Average 15% discount off usual price or 5% off promotional price.	No discounts
Hearing	No discounts	No discounts

Vision and General Exclusions

Important information

This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for:

- Orthoptics or vision training and any associated supplemental testing;
- Medical or surgical treatment of the eye;
- Eye examination or corrective eyewear required by an employer as a condition of employment;

- Replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists).

The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-VSN-96-VIS et al.

Laser Correction Surgery

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

Additional benefit options included on this plan: Diabetic EyeCare and Fitting & Evaluation.

Your plan includes popular Retail Chain Providers such as: Costco Optical, Visionworks, Clarkson Eyecare, Shopko Eyecare Center, Visioncare Associates and Rxoptical. To see a complete list of participating providers in your area register at vsp.com. Benefits may vary at retail chain provider locations



Members will receive 20% off unlimited additional pairs of prescription glasses and non prescription sunglasses valid through any VSP doctor within 12 months of the last covered exam.

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.



Summary of Benefits

Basic Life Benefit Summary

Group ID:	00570352	Member Coverage Type:	Non Contributory
Group Name:	PHOENIX MANAGEMENT SOLUTIONS, LLC	Class:	0001 ALL ELIGIBLE EMPLOYEES ELECTING & WAIVING DI CHOICE FROM \$500 TO \$2500
Waiting Period:	1st of the month following 30 day(s)	As of Date:	09/21/2022

Coverage Information

Employee Volume Amount	Flat \$15,000
Maximum Amount	\$15,000
Cutbacks	50% at age 70

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	<p>You may be able to port this coverage to a group trust plan. You must answer some medical questions to help us assess your insurability for the ported coverage.</p> <p>Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)</p>

Basic Life and General Exclusions

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.

Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to policy booklet for full plan description.

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years.

If the age or any other relevant factor of the insured has been misstated, Guardian or its subsidiaries will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).



This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.



Summary of Benefits

Accidental Death and Dismemberment Benefit Summary

Group ID:	00570352	Member Coverage Type:	Non Contributory
Group Name:	PHOENIX MANAGEMENT SOLUTIONS, LLC	Class:	0001 ALL ELIGIBLE EMPLOYEES ELECTING & WAIVING DI CHOICE FROM \$500 TO \$2500
Waiting Period:	1st of the month following 30 day(s)	As of Date:	09/21/2022

Coverage Information

Volume Amount	Flat \$15,000
Guaranteed Issue	Your Accidental Death and Dismemberment coverage is guaranteed based on your Basic Life coverage.
Maximum Amount	\$15,000
Cutbacks	50% at age 70

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	No

Accidental Death and Dismemberment and General Exclusions

*A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. We pay no benefits for any loss caused:

- by willful self injury
- sickness, disease or medical treatment
- by participating in a civil disorder or committing a felony
- by duties performed as a crew member on an aircraft
- by declared or undeclared act of war or armed aggression while a member of any armed force
- while driving a motor vehicle without a current, valid driver's license
- by legal intoxication; or by voluntarily using a non-prescription controlled substance
- Contract #GP-1-R-ADCL1-00 et al

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years.

If the age or any other relevant factor of the insured has been misstated, Guardian or its subsidiaries will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).



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Summary of Benefits

Short Term Disability Benefit Summary

Group ID:	00570352	Member Coverage Type:	Voluntary
Group Name:	PHOENIX MANAGEMENT SOLUTIONS, LLC	Class:	0001 ALL ELIGIBLE EMPLOYEES ELECTING & WAIVING DI CHOICE FROM \$500 TO \$2500
Waiting Period:	1st of the month following 30 day(s)	As of Date:	09/21/2022

Coverage Information

Weekly Volume	60% of weekly earnings
Guaranteed Issue	There is no guaranteed issue. All amounts are approved.
Waiting Periods (Benefits begin on ...)	Accident: Day 8 Illness: Day 8
Maximum Payment Period	13 weeks

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
How are my earnings defined?	Earnings means your weekly earnings excluding bonuses, commissions, expense accounts, and any other extra compensation. If you are a partner, earnings means your partnership earnings that are reported on your IRS Form 1040 Schedule E for the prior calendar or tax year.
Can I take the policy with me if I leave the company?	No.
Do I have to answer medical questions as part of purchasing insurance?	No.
Can I return to work part time while I'm disabled	Yes, you may return to work part time and still be considered disabled. Some restrictions apply.

Short Term Disability General Limitations and Exclusions

We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

We do not pay benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.

We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss or earnings is not solely due to disability.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", "medical" insurance as defined by the New York State Insurance Department. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment:

- a. exceeding one year; or
- b. in an area under travel warning by the US Department of State, subject to state specific variations.

If the plan is new (not transferred): This STD plan limits benefits to two weeks for a disability relating to a pre-existing condition. A pre-existing condition includes any condition for which an employee, in the three month period prior to coverage under this plan, consults with a physician, receives treatment, or takes prescribed drugs.

Contract #'s GP-1-STD2K-1.0 et al., GP-1-STD07-1.0 et al., Contract # GP-1-STD-15-1.0 et al.

Acts of war etc.

Disability benefits do not cover any disability caused by

1. war or any act of war, including service in the armed forces;
2. committing a crime or taking part in a riot or civil disorder;
3. intentionally injuring yourself or attempting suicide while sane or insane;
4. confined to a correctional facility, or
5. receiving treatment outside US.

Disability benefits are not paid for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

Disability benefits are not paid during any period in which you are in confined to a correctional facility, you are not under the care of a doctor, you are not receiving treatment outside of the US or Canada, and or your loss of earnings is not due solely to disability.

You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails.

Other

When applicable, this coverage will integrate with any mandated state disability plans.



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Summary of Benefits

Voluntary Long Term Disability Benefit Summary

Group ID:	00570352	Member Coverage Type:	Voluntary
Group Name:	PHOENIX MANAGEMENT SOLUTIONS, LLC	Class:	0001 ALL ELIGIBLE EMPLOYEES ELECTING & WAIVING DI CHOICE FROM \$500 TO \$2500
Waiting Period:	1st of the month following 30 day(s)	As of Date:	09/21/2022

Coverage Information

Monthly Volume

Plan A - 60% of monthly earnings
Plan B - 60% of monthly earnings
Plan C - 60% of monthly earnings
Plan D - 60% of monthly earnings
Plan E - 60% of monthly earnings

Guaranteed Issue

There is no guaranteed issue. All amounts are approved.

Waiting Periods (Benefits begin on ...)

Plan A - Accident: Day 91
Illness: Day 91
Plan B - Accident: Day 91
Illness: Day 91
Plan C - Accident: Day 91
Illness: Day 91
Plan D - Accident: Day 91
Illness: Day 91
Plan E - Accident: Day 91
Illness: Day 91

Maximum Payment Period

Plan A - Social Security Normal Retirement Age
Plan B - Social Security Normal Retirement Age
Plan C - Social Security Normal Retirement Age
Plan D - Social Security Normal Retirement Age
Plan E - Social Security Normal Retirement Age

Plan Information

When is my policy effective?

Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.

Can I take the policy with me if I leave the company?	Yes, you can convert this coverage to an group conversion trust if you terminate employment with the company. (Some restrictions apply; see certificate of benefits).
Do I have to answer medical questions as part of purchasing insurance?	No.
How are my earnings defined?	Earnings means your monthly earnings excluding bonuses, commissions, expense accounts, and any other extra compensation. If you are a partner, earnings means your partnership earnings that are reported on your IRS Form 1040 Schedule E for the prior calendar or tax year.
Can I return to work part time while I'm disabled	Yes, you may return to work part time and still be considered disabled. Some restrictions apply.

Voluntary Long Term Disability General Limitations and Exclusions

We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, We do not pay benefits for charges for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss or earnings is not solely due to disability.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department. If the plan is new (not transferred):

Non-NY states: If the plan is new (not transferred): During the exclusion period, this disability plan does not pay charges relating to a pre-existing condition. A pre-existing condition includes any condition for which an employee, in a specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply.

Please refer to plan documents for specific time periods.

Contract #'s GP-1-LTD94-A,B,C-1.0 et al.; GP-1-STD94-1.0 et al; GP-1-LTD2K-1.0 et al, GP-1-STD2K-1.0 et al; GP-1-LTD07-1.0 et al, Contract # GP-1-LTD-15-1.0 et al.

Acts of war etc.

Disability benefits do not cover any disability caused by

1. war or any act of war, including service in the armed forces;
2. committing a crime or taking part in a riot or civil disorder;
3. intentionally injuring yourself or attempting suicide while sane or insane;
4. confined to a correctional facility, or

5. receiving treatment outside US.

Disability benefits are not paid for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

Disability benefits are not paid during any period in which you are in confined to a correctional facility, you are not under the care of a doctor, you are not receiving treatment outside of the US or Canada, and or your loss of earnings is not due solely to disability.

You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails.

Other

Where applicable, this coverage will be integrated with Social Security and with workers compensation. Refer to your booklet for additional details.



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Summary of Benefits

Voluntary Life Benefit Summary

Group ID:	00570352	Coverage Type:	Voluntary
Group Name:	PHOENIX MANAGEMENT SOLUTIONS, LLC	Class:	0001 ALL ELIGIBLE EMPLOYEES ELECTING & WAIVING DI CHOICE FROM \$500 TO \$2500
Waiting Period:	1st of the month following 30 day(s)	As of Date:	09/21/2022

Coverage Information

Employee Volume Amount

Increments of \$10,000 to a Maximum of \$250,000

\$10,000	\$110,000	\$210,000
\$20,000	\$120,000	\$220,000
\$30,000	\$130,000	\$230,000
\$40,000	\$140,000	\$240,000
\$50,000	\$150,000	\$250,000
\$60,000	\$160,000	
\$70,000	\$170,000	
\$80,000	\$180,000	
\$90,000	\$190,000	
\$100,000	\$200,000	

Spouse Volume Amount

Minimum Amount of \$10,000 and Increments of \$5,000 to a maximum of \$250,000

Child Volume Amount

Ages 14 Days to 6 Months Flat \$5,000
Ages 6 Months to 26 Years Flat \$5,000
Ages 14 Days to 6 Months Flat \$10,000
Ages 6 Months to 26 Years Flat \$10,000

Member Guaranteed Issue

Ages 15-64 \$100,000
Ages 65-69 \$50,000
Ages 70 and up \$10,000

Spouse Guaranteed Issue

Spouse's Age 15-64 \$25,000
Spouse's Age 65 and up \$10,000

Child Guaranteed Issue

There is no guaranteed issue. All amounts are approved.

Cutbacks

50% at age 70

Plan Information

When is my policy effective?

Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.

Do I have to answer medical questions as part of purchasing insurance?

If you decide to purchase more than the amount guaranteed by Guardian or enroll after the open enrollment period, you must answer some medical questions to help us assess your insurability.

Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.

Can I take the policy with me if I leave the company?

You may be able to port this coverage to a group trust plan.

Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)

Voluntary Life and General Exclusions

Spouse coverage is based on employee age and terminates at age 70.

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.

Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to policy booklet for full plan description.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is home confined, or is unable to perform the normal activities of someone of like age and sex. (may vary by state).

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law.

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years. If the age or any other relevant factor of the insured has been misstated, GIAC will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.



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contract prevails.



Summary of Benefits

Voluntary Critical Illness Benefit Summary

Group ID:	00570352	Coverage Type:	Voluntary
Group Name:	PHOENIX MANAGEMENT SOLUTIONS, LLC	Class:	0001 ALL ELIGIBLE EMPLOYEES ELECTING & WAIVING DI CHOICE FROM \$500 TO \$2500
Waiting Period:	1st of the month following 30 day(s)	As of Date:	09/21/2022

Coverage Information

Employee Volume Amount	Lump sum increments of \$5,000
Spouse Volume Amount	100% of Member's benefit in lump sum increments of \$5,000 to a maximum of \$25,000
Child Volume Amount	25% of Member's benefit to a maximum of \$6,250
Member Guaranteed Issue	Medical Questions are required for all amounts. Ages 15-69 \$20,000
Spouse Guaranteed Issue	Medical Questions are required for all amounts. Member's Age 15-69 \$20,000
Child Guaranteed Issue	All amounts are guaranteed.

Covered Conditions	1st Occurrence	2nd Occurrence
Invasive Cancer	100% of lump sum	50% of lump sum
Carcinoma In Situ	30% of lump sum	0% of lump sum
Benign Brain Tumor	75% of lump sum	0% of lump sum
Skin Cancer	\$250 per lifetime	
Heart Attack	100% of lump sum	50% of lump sum
Stroke	100% of lump sum	50% of lump sum
Heart Failure	100% of lump sum	50% of lump sum
Arteriosclerosis	30% of lump sum	0% of lump sum
Organ Failure	100% of lump sum	50% of lump sum
Kidney Failure	100% of lump sum	50% of lump sum

Additional Covered Conditions	
Addison's Disease	30% of lump sum
ALS (Lou Gehrig's Disease)	100% of lump sum
Alzheimer's Disease	50% of lump sum
Coma	100% of lump sum
Huntington's Disease	30% of lump sum

Multiple Sclerosis	30% of lump sum
Loss of Speech	100% of lump sum
Loss of Sight	100% of lump sum
Loss of Hearing	100% of lump sum
Parkinson's Disease	100% of lump sum
Permanent Paralysis	2+ Limbs =100% of lump sum, 1 Limb =50% of lump sum
Severe Burns	100% of lump sum

Child Covered Conditions

Cerebral Palsy	100% of lump sum
Cleft Lip/Cleft Palate	100% of lump sum
Club Foot	100% of lump sum
Cystic Fibrosis	100% of lump sum
Down's Syndrome	100% of lump sum
Muscular Dystrophy	100% of lump sum
Spina Bifida	100% of lump sum
Type 1 Diabetes	100% of lump sum

Member Wellness Benefit

Provides a \$50 per year member benefit for completing certain routine wellness screenings or procedures such as a mammography, colonoscopy, pap smear, PSA, Serum cholesterol test, completion of smoking cessation and weight reduction programs and many more.

Spouse Wellness Benefit

Provides a \$50 per year spouse benefit for completing certain routine wellness screenings or procedures such as a mammography, colonoscopy, pap smear, PSA, serum cholesterol testing, completion of smoking cessation and weight reduction programs.

Child Wellness Benefit

Provides a \$50 per year child benefit for completing certain routine wellness screenings or procedures such as bone marrow testing, chest x-ray, pap smear and weight reduction programs.

Cutbacks

50% at age 70

Rider/Additional Benefits

Cancer Vaccine Benefit	\$50 per lifetime for receiving a Cancer Vaccine.
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Plan Information

When is my policy effective?

Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.

Do I have to answer medical questions as part of purchasing insurance?

If you decide to purchase more than the amount guaranteed by Guardian or enroll after the initial open enrollment period, you must answer some medical questions to help us assess your insurability.

Can I take the policy with me if I leave

You can port this coverage to a group conversion trust.

the company?

Voluntary Critical Illness and General Exclusions

We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category. We will not pay benefits for a Recurrence (second occurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the Recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor. We will not pay benefits for more than one Recurrence (third or later occurrence) of any Critical Illness. First & second occurrence refers to the first & second time an insured experiences or is diagnosed with a covered critical illness while covered under Guardian Critical Illness insurance. If the plan is new (not transferred): During the exclusion period, this Critical Illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply. A pre-existing condition includes any condition for which an employee, in a specified period of time prior to coverage in this plan, consults with a physician, receives treatment or takes prescribed drugs. We do not pay benefits for claims relating to a covered person taking part in any war or act of war (including service in the armed forces), committing a felony, taking part of any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State (including service in the armed forces), committing a felony, taking part of any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to coverage all medical expenses. This benefit summary summarizes the major features of the Guardian Critical Illness benefit plan. It is not intended to be a complete representation of the proposed plan. The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. For full plan features, including exclusions and limitations, please refer to your Policy or contact your sales representative.



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Summary of Benefits

Accident Benefit Summary

Group ID:	00570352	Coverage Type:	Voluntary
Group Name:	PHOENIX MANAGEMENT SOLUTIONS, LLC	Class:	0001 ALL ELIGIBLE EMPLOYEES ELECTING & WAIVING DI CHOICE FROM \$500 TO \$2500
Waiting Period:	1st of the month following 30 day(s)	As of Date:	09/21/2022

Coverage Information

Schedule

Accident - Value Plan

This coverage includes benefits for treatments or procedures due to an accident. These include hospitalization, emergency room treatment, Xrays, and much more. Please see your certificate booklet for specific benefits.

Accident Coverage Type

Your accident coverage will cover injuries suffered while either on or off the job.

Employee Accidental Death and Dismemberment

Amount:\$50,000

Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.

Spouse Accidental Death and Dismemberment

Amount:\$25,000

Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.

Child Accidental Death and Dismemberment

Amount:\$5,000

Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.

Yearly Wellness Benefit

\$50

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	Yes, you can port this coverage.

Accident General Limitations and Exclusions

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subjected to satisfactory financial evaluation.

This plan will not pay benefits for any injury caused by or related to: directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; treatment rendered or hospital confinement outside the United States or Canada; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the policyholder, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time.

Job related Injuries.

Injuries to a dependent child received during birth



Restrictions apply and may be subject to medical necessity.

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Summary of Benefits

Accident Benefit Summary

Group ID:	00570352	Coverage Type:	Voluntary
Group Name:	PHOENIX MANAGEMENT SOLUTIONS, LLC	Class:	0001 ALL ELIGIBLE EMPLOYEES ELECTING & WAIVING DI CHOICE FROM \$500 TO \$2500
Waiting Period:	1st of the month following 30 day(s)	As of Date:	09/21/2022

Coverage Information

Schedule

Accident - Value Plan

This coverage includes benefits for treatments or procedures due to an accident. These include hospitalization, emergency room treatment, Xrays, and much more. Please see your certificate booklet for specific benefits.

Accident Coverage Type

Your accident coverage will cover injuries suffered while either on or off the job.

Employee Accidental Death and Dismemberment

Amount:\$50,000

Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.

Spouse Accidental Death and Dismemberment

Amount:\$25,000

Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.

Child Accidental Death and Dismemberment

Amount:\$5,000

Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.

Yearly Wellness Benefit

\$50

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	Yes, you can port this coverage.

Accident General Limitations and Exclusions

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.


This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subjected to satisfactory financial evaluation.

This plan will not pay benefits for any injury caused by or related to: directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; treatment rendered or hospital confinement outside the United States or Canada; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the policyholder, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time.

Job related Injuries.

Injuries to a dependent child received during birth

 Restrictions apply and may be subject to medical necessity.

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Summary of Benefits

Accident Benefit Summary

Group ID:	00570352	Coverage Type:	Voluntary
Group Name:	PHOENIX MANAGEMENT SOLUTIONS, LLC	Class:	0001 ALL ELIGIBLE EMPLOYEES ELECTING & WAIVING DI CHOICE FROM \$500 TO \$2500
Waiting Period:	1st of the month following 30 day(s)	As of Date:	09/21/2022

Coverage Information

Schedule

Accident - Value Plan

This coverage includes benefits for treatments or procedures due to an accident. These include hospitalization, emergency room treatment, Xrays, and much more. Please see your certificate booklet for specific benefits.

Accident Coverage Type

Your accident coverage will cover injuries suffered while either on or off the job.

Employee Accidental Death and Dismemberment

Amount:\$50,000

Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.

Spouse Accidental Death and Dismemberment

Amount:\$25,000

Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.

Child Accidental Death and Dismemberment

Amount:\$5,000

Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.

Yearly Wellness Benefit

\$50

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	Yes, you can port this coverage.

Accident General Limitations and Exclusions

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.


This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subjected to satisfactory financial evaluation.

This plan will not pay benefits for any injury caused by or related to: directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; treatment rendered or hospital confinement outside the United States or Canada; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the policyholder, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time.

Job related Injuries.

Injuries to a dependent child received during birth

 Restrictions apply and may be subject to medical necessity.

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Summary of Benefits

Hospital Indemnity Benefit Summary

Group ID:	00570352	Coverage Type:	Voluntary
Group Name:	PHOENIX MANAGEMENT SOLUTIONS, LLC	Class:	0001 ALL ELIGIBLE EMPLOYEES ELECTING & WAIVING DI CHOICE FROM \$500 TO \$2500
Waiting Period:	1st of the month following 30 day(s)	As of Date:	09/21/2022

Coverage Information

Hospital Admission:	\$1,500 per day to a max of 1 day(s) per year, per insured, max of 3 days per year, per covered family.
Hospital/ICU Confinement:	\$100 / \$200 per day to a max of 15 day(s) per year.
Dependent Age Limits:	Child birth to 26 years (26 if full time student)
Pre-Existing Condition Limitation:	3 month look back period, 6 months treatment free/12 month exclusion period.
Treatment of an Injury is included:	Yes

Hospital Indemnity General Exclusions

- In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.
- The policy has exclusions and limitations that may impact the eligibility for benefits. See the certificate of coverage or contact your sales representative for full details.
- A pre-existing condition includes any condition for which an employee, in the specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods.
- If the plan is new (not transferred): During the exclusion period, this critical illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply.
- Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period.
- An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during

a 30 day time period specified by the policyholder. If an applicant does not enroll during their initial enrollment period, he/she may not enroll until the next open enrollment period.

And this plan will not pay benefits for:

- Treatment relating to a covered person: taking part in any war or act of war (including service in the armed forces), commission of or attempt to commit a felony, an act of terrorism, or participating in an illegal occupation, riot or insurrection;
- Elective surgery;
- Surgery to correct vision or hearing, unless a result of a covered Injury;
- Dental care, dental x-rays, or dental treatment;
- Weight loss or modification and complications arising there from, including surgery and any other form of treatment for the purpose of weight reduction. This exclusion does not apply to completion of a weight reduction program that may be payable under Covered Benefits;
- Rest cures or custodial care, or treatment of sleep disorders;
- Services, treatment or supplies rendered outside the United States or Canada;
- Treatment of a Covered Dependent Child's Children;
- Cosmetic surgery. This Exclusion does not apply to reconstructive surgery:
 - (a) on an injured part of the body following infection or disease of the involved part;
 - (b) of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or
 - (c) on a non-diseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;
- Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;
- Service, treatment or loss related to alcoholism or drug addiction, except for drugs prescribed by the Covered Person's Doctor;
- Care or treatment for mental or nervous disorders;
- Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
- Services or treatment Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a member of a Covered Person's Immediate Family;
- Treatment received while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training.
- Surgery and treatment, procedures, products or services that are experimental or Investigative.

This coverage will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.

 ¹ Restrictions apply and may be subject to medical necessity.

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Summary of Benefits

Dental Benefit Summary

Group ID:	00570352	Coverage Type:	Voluntary
Group Name:	PHOENIX MANAGEMENT SOLUTIONS, LLC	Class:	0002 ALL ELIGIBLE EMPLOYEES ELECTING DI CHOICE FROM \$3000 TO \$5000
Waiting Period:	1st of the month following 30 day(s)	As of Date:	09/21/2022

Plan Information

Your dental networks are: Dental - DentalGuard Pref - Texas and Dental - DentalGuard Pref NAP - Texas

Coverage Information

	Dental - DentalGuard Pref - Texas		Dental - DentalGuard Pref NAP - Texas	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Texas network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref NAP - Texas network will be most cost effective.	
	In Network	Out of Network	In Network	Out of Network
Calendar year deductible	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	Out of Network is a combined deductible for in and out of network services.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.
Preventive	Waived	Waived		Waived
Basic	Not Waived	Not Waived		Not Waived
Major	Not Waived	Not Waived		Not Waived
Calendar Year Maximum Benefit	The amount shown in the out of network field is your combined Calendar Year	\$1,500	The amount shown in the out of network field is your combined Calendar Year	\$1,500

	Dental - DentalGuard Pref - Texas		Dental - DentalGuard Pref NAP - Texas	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Texas network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref NAP - Texas network will be most cost effective.	
	In Network	Out of Network	In Network	Out of Network
	maximum for both in and out of network services.		maximum for both in and out of network services.	
Lifetime Orthodontia Maximum	The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in and out of network services	\$1,000	The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in and out of network services	\$1,000
Maximum rollover	Yes	Yes	Yes	Yes
Monthly Switch	Not Available	Not Available	Not Available	Not Available
	How much does the plan pay?	How much does the plan pay?(as a percentage of fee schedule.)	How much does the plan pay?	How much does the plan pay?
Office Visit Co-pay (one office visit may cover multiple services)	None	None	None	None
Preventive Care:	100%	100%	100%	100%
Bitewing X-Rays	100%	100%	100%	100%
Full Mouth X-Rays	100%	100%	100%	100%
Cleaning	100%	100%	100%	100%
Oral Exams	100%	100%	100%	100%
Sealants (per tooth)	100%	100%	100%	100%
Basic Care:	100%	100%	80%	80%
Fillings (one surface)	100%	100%	80%	80%
General Anesthesia ¹	100%	100%	80%	80%
Scaling & Root Planing (per quadrant)	100%	100%	80%	80%
Simple Extractions	100%	100%	80%	80%

	Dental - DentalGuard Pref - Texas		Dental - DentalGuard Pref NAP - Texas	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Texas network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref NAP - Texas network will be most cost effective.	
	In Network	Out of Network	In Network	Out of Network
Major Care:	60%	60%	50%	50%
Dentures	60%	60%	50%	50%
Single Crowns	60%	60%	50%	50%
Orthodontia	50%	50%	50%	50%

General Exclusions

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans:

This policy provides dental insurance only. Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury.

Deductibles apply.

The plan does not pay for:

- Oral hygiene services (except as covered under preventive services),
- Orthodontia (unless expressly provided for),
- Cosmetic or experimental treatments (unless they are expressly provided for).
- Any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment.

The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DEN -16 et al.

Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

 ¹ Restrictions apply and may be subject to medical necessity.

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Summary of Benefits

Vision Benefit Summary

Group ID:	00570352	Coverage Type:	Voluntary
Group Name:	PHOENIX MANAGEMENT SOLUTIONS, LLC	Class:	0002 ALL ELIGIBLE EMPLOYEES ELECTING DI CHOICE FROM \$3000 TO \$5000
Waiting Period:	1st of the month following 30 day(s)	As of Date:	09/21/2022

Plan Information

Your network is the VSP - Choice Full Feature

Coverage Information

	VSP - Choice Full Feature	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.	
	In-Network	Out-Of-Network
Co-Pay		
First service provided	Not applicable	
Exams	Exams \$10.00	
Materials	Materials (waived for conventional and planned replacement contact lenses) \$15.00	
How often can I obtain service?	Exams: Once a year.	
	Lenses: Once a year.	
	Frames: Once every other year.	
	Materials: Once a year.	
	In-Network	Out-Of-Network

	VSP - Choice Full Feature	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.	
	In-Network	Out-Of-Network
Eye exams	Copay applies	Amount over: \$39.00
Lenses		
Single vision lenses	Copay applies	Amount over: \$23.00
Lined bifocal lenses	Copay applies	Amount over: \$37.00
Lined trifocal lenses	Copay applies	Amount over: \$49.00
Lenticular lenses	Copay applies	Amount over: \$64.00
Contact Lenses		
Conventional	Amount over: \$130.00	Amount over: \$100.00
Planned replacement	Amount over \$130.00	\$120 Max (copay waived)
Medically necessary	Copay Applies	Amount over: \$210.00
Evaluation and fitting	15% off professional fee	Included in Contact Lens allowance
Frames	\$130.00, 20% discount on amount over \$130.00.	Amount over: \$46.00
Lens & Frame Allowance	No discounts	No discounts
Cosmetic Extras	Discounted at an average of 20%-25% off providers UCR.	No discounts
Laser correction surgery	Average 15% discount off usual price or 5% off promotional price.	No discounts
Hearing	No discounts	No discounts

Vision and General Exclusions

Important information

This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for:

- Orthoptics or vision training and any associated supplemental testing;
- Medical or surgical treatment of the eye;
- Eye examination or corrective eyewear required by an employer as a condition of employment;

- Replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists).

The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-VSN-96-VIS et al.

Laser Correction Surgery

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

Additional benefit options included on this plan: Diabetic EyeCare and Fitting & Evaluation.

Your plan includes popular Retail Chain Providers such as: Costco Optical, Visionworks, Clarkson Eyecare, Shopko Eyecare Center, Visioncare Associates and Rxoptical. To see a complete list of participating providers in your area register at vsp.com. Benefits may vary at retail chain provider locations



Members will receive 20% off unlimited additional pairs of prescription glasses and non prescription sunglasses valid through any VSP doctor within 12 months of the last covered exam.

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Summary of Benefits

Basic Life Benefit Summary

Group ID:	00570352	Member Coverage Type:	Non Contributory
Group Name:	PHOENIX MANAGEMENT SOLUTIONS, LLC	Class:	0002 ALL ELIGIBLE EMPLOYEES ELECTING DI CHOICE FROM \$3000 TO \$5000
Waiting Period:	1st of the month following 30 day(s)	As of Date:	09/21/2022

Coverage Information

Employee Volume Amount	Flat \$15,000
Maximum Amount	\$15,000
Cutbacks	50% at age 70

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	<p>You may be able to port this coverage to a group trust plan. You must answer some medical questions to help us assess your insurability for the ported coverage.</p> <p>Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)</p>

Basic Life and General Exclusions

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.

Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to policy booklet for full plan description.

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years.

If the age or any other relevant factor of the insured has been misstated, Guardian or its subsidiaries will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).



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Summary of Benefits

Accidental Death and Dismemberment Benefit Summary

Group ID:	00570352	Member Coverage Type:	Non Contributory
Group Name:	PHOENIX MANAGEMENT SOLUTIONS, LLC	Class:	0002 ALL ELIGIBLE EMPLOYEES ELECTING DI CHOICE FROM \$3000 TO \$5000
Waiting Period:	1st of the month following 30 day(s)	As of Date:	09/21/2022

Coverage Information

Volume Amount	Flat \$15,000
Guaranteed Issue	Your Accidental Death and Dismemberment coverage is guaranteed based on your Basic Life coverage.
Maximum Amount	\$15,000
Cutbacks	50% at age 70

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	No

Accidental Death and Dismemberment and General Exclusions

*A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. We pay no benefits for any loss caused:

- by willful self injury
- sickness, disease or medical treatment
- by participating in a civil disorder or committing a felony
- by duties performed as a crew member on an aircraft
- by declared or undeclared act of war or armed aggression while a member of any armed force
- while driving a motor vehicle without a current, valid driver's license
- by legal intoxication; or by voluntarily using a non-prescription controlled substance
- Contract #GP-1-R-ADCL1-00 et al

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years.

If the age or any other relevant factor of the insured has been misstated, Guardian or its subsidiaries will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).



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Summary of Benefits

Short Term Disability Benefit Summary

Group ID:	00570352	Member Coverage Type:	Voluntary
Group Name:	PHOENIX MANAGEMENT SOLUTIONS, LLC	Class:	0002 ALL ELIGIBLE EMPLOYEES ELECTING DI CHOICE FROM \$3000 TO \$5000
Waiting Period:	1st of the month following 30 day(s)	As of Date:	09/21/2022

Coverage Information

Weekly Volume	60% of weekly earnings
Guaranteed Issue	There is no guaranteed issue. All amounts are approved.
Waiting Periods (Benefits begin on ...)	Accident: Day 8 Illness: Day 8
Maximum Payment Period	13 weeks

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
How are my earnings defined?	Earnings means your weekly earnings excluding bonuses, commissions, expense accounts, and any other extra compensation. If you are a partner, earnings means your partnership earnings that are reported on your IRS Form 1040 Schedule E for the prior calendar or tax year.
Can I take the policy with me if I leave the company?	No.
Do I have to answer medical questions as part of purchasing insurance?	No.
Can I return to work part time while I'm disabled	Yes, you may return to work part time and still be considered disabled. Some restrictions apply.

Short Term Disability General Limitations and Exclusions

We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

We do not pay benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.

We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss or earnings is not solely due to disability.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", "medical" insurance as defined by the New York State Insurance Department. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment:

- a. exceeding one year; or
- b. in an area under travel warning by the US Department of State, subject to state specific variations.

If the plan is new (not transferred): This STD plan limits benefits to two weeks for a disability relating to a pre-existing condition. A pre-existing condition includes any condition for which an employee, in the three month period prior to coverage under this plan, consults with a physician, receives treatment, or takes prescribed drugs.

Contract #'s GP-1-STD2K-1.0 et al., GP-1-STD07-1.0 et al., Contract # GP-1-STD-15-1.0 et al.

Acts of war etc.

Disability benefits do not cover any disability caused by

1. war or any act of war, including service in the armed forces;
2. committing a crime or taking part in a riot or civil disorder;
3. intentionally injuring yourself or attempting suicide while sane or insane;
4. confined to a correctional facility, or
5. receiving treatment outside US.

Disability benefits are not paid for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

Disability benefits are not paid during any period in which you are in confined to a correctional facility, you are not under the care of a doctor, you are not receiving treatment outside of the US or Canada, and or your loss of earnings is not due solely to disability.

You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails.

Other

When applicable, this coverage will integrate with any mandated state disability plans.



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Summary of Benefits

Voluntary Long Term Disability Benefit Summary

Group ID:	00570352	Member Coverage Type:	Voluntary
Group Name:	PHOENIX MANAGEMENT SOLUTIONS, LLC	Class:	0002 ALL ELIGIBLE EMPLOYEES ELECTING DI CHOICE FROM \$3000 TO \$5000
Waiting Period:	1st of the month following 30 day(s)	As of Date:	09/21/2022

Coverage Information

Monthly Volume

Plan A - 60% of monthly earnings
Plan B - 60% of monthly earnings
Plan C - 60% of monthly earnings
Plan D - 60% of monthly earnings
Plan E - 60% of monthly earnings

Guaranteed Issue

There is no guaranteed issue. All amounts are approved.

Waiting Periods (Benefits begin on ...)

Plan A - Accident: Day 91
Illness: Day 91
Plan B - Accident: Day 91
Illness: Day 91
Plan C - Accident: Day 91
Illness: Day 91
Plan D - Accident: Day 91
Illness: Day 91
Plan E - Accident: Day 91
Illness: Day 91

Maximum Payment Period

Plan A - Social Security Normal Retirement Age
Plan B - Social Security Normal Retirement Age
Plan C - Social Security Normal Retirement Age
Plan D - Social Security Normal Retirement Age
Plan E - Social Security Normal Retirement Age

Plan Information

When is my policy effective?

Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.

Can I take the policy with me if I leave the company?	Yes, you can convert this coverage to an group conversion trust if you terminate employment with the company. (Some restrictions apply; see certificate of benefits).
Do I have to answer medical questions as part of purchasing insurance?	No.
How are my earnings defined?	Earnings means your monthly earnings excluding bonuses, commissions, expense accounts, and any other extra compensation. If you are a partner, earnings means your partnership earnings that are reported on your IRS Form 1040 Schedule E for the prior calendar or tax year.
Can I return to work part time while I'm disabled	Yes, you may return to work part time and still be considered disabled. Some restrictions apply.

Voluntary Long Term Disability General Limitations and Exclusions

We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, We do not pay benefits for charges for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss or earnings is not solely due to disability.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department. If the plan is new (not transferred):

Non-NY states: If the plan is new (not transferred): During the exclusion period, this disability plan does not pay charges relating to a pre-existing condition. A pre-existing condition includes any condition for which an employee, in a specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply.

Please refer to plan documents for specific time periods.

Contract #'s GP-1-LTD94-A,B,C-1.0 et al.; GP-1-STD94-1.0 et al; GP-1-LTD2K-1.0 et al, GP-1-STD2K-1.0 et al; GP-1-LTD07-1.0 et al, Contract # GP-1-LTD-15-1.0 et al.

Acts of war etc.

Disability benefits do not cover any disability caused by

1. war or any act of war, including service in the armed forces;
2. committing a crime or taking part in a riot or civil disorder;
3. intentionally injuring yourself or attempting suicide while sane or insane;
4. confined to a correctional facility, or

5. receiving treatment outside US.

Disability benefits are not paid for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

Disability benefits are not paid during any period in which you are in confined to a correctional facility, you are not under the care of a doctor, you are not receiving treatment outside of the US or Canada, and or your loss of earnings is not due solely to disability.

You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails.

Other

Where applicable, this coverage will be integrated with Social Security and with workers compensation. Refer to your booklet for additional details.



This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.



Summary of Benefits

Voluntary Life Benefit Summary

Group ID:	00570352	Coverage Type:	Voluntary
Group Name:	PHOENIX MANAGEMENT SOLUTIONS, LLC	Class:	0002 ALL ELIGIBLE EMPLOYEES ELECTING DI CHOICE FROM \$3000 TO \$5000
Waiting Period:	1st of the month following 30 day(s)	As of Date:	09/21/2022

Coverage Information

Employee Volume Amount

Increments of \$10,000 to a Maximum of \$250,000

\$10,000	\$110,000	\$210,000
\$20,000	\$120,000	\$220,000
\$30,000	\$130,000	\$230,000
\$40,000	\$140,000	\$240,000
\$50,000	\$150,000	\$250,000
\$60,000	\$160,000	
\$70,000	\$170,000	
\$80,000	\$180,000	
\$90,000	\$190,000	
\$100,000	\$200,000	

Spouse Volume Amount

Minimum Amount of \$10,000 and Increments of \$5,000 to a maximum of \$250,000

Child Volume Amount

Ages 14 Days to 6 Months Flat \$5,000
Ages 6 Months to 26 Years Flat \$5,000
Ages 14 Days to 6 Months Flat \$10,000
Ages 6 Months to 26 Years Flat \$10,000

Member Guaranteed Issue

Ages 15-64 \$100,000
Ages 65-69 \$50,000
Ages 70 and up \$10,000

Spouse Guaranteed Issue

Spouse's Age 15-64 \$25,000
Spouse's Age 65 and up \$10,000

Child Guaranteed Issue

There is no guaranteed issue. All amounts are approved.

Cutbacks

50% at age 70

Plan Information

When is my policy effective?

Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.

Do I have to answer medical questions as part of purchasing insurance?

If you decide to purchase more than the amount guaranteed by Guardian or enroll after the open enrollment period, you must answer some medical questions to help us assess your insurability.

Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.

Can I take the policy with me if I leave the company?

You may be able to port this coverage to a group trust plan.

Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)

Voluntary Life and General Exclusions

Spouse coverage is based on employee age and terminates at age 70.

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.

Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to policy booklet for full plan description.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is home confined, or is unable to perform the normal activities of someone of like age and sex. (may vary by state).

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law.

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years. If the age or any other relevant factor of the insured has been misstated, GIAC will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.



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contract prevails.



Summary of Benefits

Voluntary Critical Illness Benefit Summary

Group ID:	00570352	Coverage Type:	Voluntary
Group Name:	PHOENIX MANAGEMENT SOLUTIONS, LLC	Class:	0002 ALL ELIGIBLE EMPLOYEES ELECTING DI CHOICE FROM \$3000 TO \$5000
Waiting Period:	1st of the month following 30 day(s)	As of Date:	09/21/2022

Coverage Information

Employee Volume Amount	Lump sum increments of \$5,000
Spouse Volume Amount	100% of Member's benefit in lump sum increments of \$5,000 to a maximum of \$25,000
Child Volume Amount	25% of Member's benefit to a maximum of \$6,250
Member Guaranteed Issue	Medical Questions are required for all amounts. Ages 15-69 \$20,000
Spouse Guaranteed Issue	Medical Questions are required for all amounts. Member's Age 15-69 \$20,000
Child Guaranteed Issue	All amounts are guaranteed.

Covered Conditions	1st Occurrence	2nd Occurrence
Invasive Cancer	100% of lump sum	50% of lump sum
Carcinoma In Situ	30% of lump sum	0% of lump sum
Benign Brain Tumor	75% of lump sum	0% of lump sum
Skin Cancer	\$250 per lifetime	
Heart Attack	100% of lump sum	50% of lump sum
Stroke	100% of lump sum	50% of lump sum
Heart Failure	100% of lump sum	50% of lump sum
Arteriosclerosis	30% of lump sum	0% of lump sum
Organ Failure	100% of lump sum	50% of lump sum
Kidney Failure	100% of lump sum	50% of lump sum

Additional Covered Conditions	
Addison's Disease	30% of lump sum
ALS (Lou Gehrig's Disease)	100% of lump sum
Alzheimer's Disease	50% of lump sum
Coma	100% of lump sum
Huntington's Disease	30% of lump sum

Multiple Sclerosis	30% of lump sum
Loss of Speech	100% of lump sum
Loss of Sight	100% of lump sum
Loss of Hearing	100% of lump sum
Parkinson's Disease	100% of lump sum
Permanent Paralysis	2+ Limbs =100% of lump sum, 1 Limb =50% of lump sum
Severe Burns	100% of lump sum

Child Covered Conditions

Cerebral Palsy	100% of lump sum
Cleft Lip/Cleft Palate	100% of lump sum
Club Foot	100% of lump sum
Cystic Fibrosis	100% of lump sum
Down's Syndrome	100% of lump sum
Muscular Dystrophy	100% of lump sum
Spina Bifida	100% of lump sum
Type 1 Diabetes	100% of lump sum

Member Wellness Benefit

Provides a \$50 per year member benefit for completing certain routine wellness screenings or procedures such as a mammography, colonoscopy, pap smear, PSA, Serum cholesterol test, completion of smoking cessation and weight reduction programs and many more.

Spouse Wellness Benefit

Provides a \$50 per year spouse benefit for completing certain routine wellness screenings or procedures such as a mammography, colonoscopy, pap smear, PSA, serum cholesterol testing, completion of smoking cessation and weight reduction programs.

Child Wellness Benefit

Provides a \$50 per year child benefit for completing certain routine wellness screenings or procedures such as bone marrow testing, chest x-ray, pap smear and weight reduction programs.

Cutbacks

50% at age 70

Rider/Additional Benefits

Cancer Vaccine Benefit	\$50 per lifetime for receiving a Cancer Vaccine.
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Plan Information

When is my policy effective?

Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.

Do I have to answer medical questions as part of purchasing insurance?

If you decide to purchase more than the amount guaranteed by Guardian or enroll after the initial open enrollment period, you must answer some medical questions to help us assess your insurability.

Can I take the policy with me if I leave

You can port this coverage to a group conversion trust.

the company?

Voluntary Critical Illness and General Exclusions

We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category. We will not pay benefits for a Recurrence (second occurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the Recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor. We will not pay benefits for more than one Recurrence (third or later occurrence) of any Critical Illness. First & second occurrence refers to the first & second time an insured experiences or is diagnosed with a covered critical illness while covered under Guardian Critical Illness insurance. If the plan is new (not transferred): During the exclusion period, this Critical Illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply. A pre-existing condition includes any condition for which an employee, in a specified period of time prior to coverage in this plan, consults with a physician, receives treatment or takes prescribed drugs. We do not pay benefits for claims relating to a covered person taking part in any war or act of war (including service in the armed forces), committing a felony, taking part of any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State (including service in the armed forces), committing a felony, taking part of any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to coverage all medical expenses. This benefit summary summarizes the major features of the Guardian Critical Illness benefit plan. It is not intended to be a complete representation of the proposed plan. The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. For full plan features, including exclusions and limitations, please refer to your Policy or contact your sales representative.



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Summary of Benefits

Accident Benefit Summary

Group ID:	00570352	Coverage Type:	Voluntary
Group Name:	PHOENIX MANAGEMENT SOLUTIONS, LLC	Class:	0002 ALL ELIGIBLE EMPLOYEES ELECTING DI CHOICE FROM \$3000 TO \$5000
Waiting Period:	1st of the month following 30 day(s)	As of Date:	09/21/2022

Coverage Information

Schedule

Accident - Value Plan

This coverage includes benefits for treatments or procedures due to an accident. These include hospitalization, emergency room treatment, Xrays, and much more. Please see your certificate booklet for specific benefits.

Accident Coverage Type

Your accident coverage will cover injuries suffered while either on or off the job.

Employee Accidental Death and Dismemberment

Amount:\$50,000

Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.

Spouse Accidental Death and Dismemberment

Amount:\$25,000

Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.

Child Accidental Death and Dismemberment

Amount:\$5,000

Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.

Yearly Wellness Benefit

\$50

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	Yes, you can port this coverage.

Accident General Limitations and Exclusions

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subjected to satisfactory financial evaluation.

This plan will not pay benefits for any injury caused by or related to: directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; treatment rendered or hospital confinement outside the United States or Canada; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the policyholder, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time.

Job related Injuries.

Injuries to a dependent child received during birth



Restrictions apply and may be subject to medical necessity.

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Summary of Benefits

Accident Benefit Summary

Group ID:	00570352	Coverage Type:	Voluntary
Group Name:	PHOENIX MANAGEMENT SOLUTIONS, LLC	Class:	0002 ALL ELIGIBLE EMPLOYEES ELECTING DI CHOICE FROM \$3000 TO \$5000
Waiting Period:	1st of the month following 30 day(s)	As of Date:	09/21/2022

Coverage Information

Schedule

Accident - Value Plan

This coverage includes benefits for treatments or procedures due to an accident. These include hospitalization, emergency room treatment, Xrays, and much more. Please see your certificate booklet for specific benefits.

Accident Coverage Type

Your accident coverage will cover injuries suffered while either on or off the job.

Employee Accidental Death and Dismemberment

Amount:\$50,000

Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.

Spouse Accidental Death and Dismemberment

Amount:\$25,000

Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.

Child Accidental Death and Dismemberment

Amount:\$5,000

Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.

Yearly Wellness Benefit

\$50

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	Yes, you can port this coverage.

Accident General Limitations and Exclusions

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.


This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subjected to satisfactory financial evaluation.

This plan will not pay benefits for any injury caused by or related to: directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; treatment rendered or hospital confinement outside the United States or Canada; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the policyholder, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time.

Job related Injuries.

Injuries to a dependent child received during birth

 Restrictions apply and may be subject to medical necessity.

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Summary of Benefits

Accident Benefit Summary

Group ID:	00570352	Coverage Type:	Voluntary
Group Name:	PHOENIX MANAGEMENT SOLUTIONS, LLC	Class:	0002 ALL ELIGIBLE EMPLOYEES ELECTING DI CHOICE FROM \$3000 TO \$5000
Waiting Period:	1st of the month following 30 day(s)	As of Date:	09/21/2022

Coverage Information

Schedule

Accident - Value Plan

This coverage includes benefits for treatments or procedures due to an accident. These include hospitalization, emergency room treatment, Xrays, and much more. Please see your certificate booklet for specific benefits.

Accident Coverage Type

Your accident coverage will cover injuries suffered while either on or off the job.

Employee Accidental Death and Dismemberment

Amount:\$50,000

Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.

Spouse Accidental Death and Dismemberment

Amount:\$25,000

Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.

Child Accidental Death and Dismemberment

Amount:\$5,000

Includes Common Carrier, Common Disaster, Dismemberment, Seatbelt & Airbag, and Reasonable Accommodation benefits.

Yearly Wellness Benefit

\$50

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	Yes, you can port this coverage.

Accident General Limitations and Exclusions

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.


This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subjected to satisfactory financial evaluation.

This plan will not pay benefits for any injury caused by or related to: directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; treatment rendered or hospital confinement outside the United States or Canada; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the policyholder, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time.

Job related Injuries.

Injuries to a dependent child received during birth

 Restrictions apply and may be subject to medical necessity.

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Summary of Benefits

Hospital Indemnity Benefit Summary

Group ID:	00570352	Coverage Type:	Voluntary
Group Name:	PHOENIX MANAGEMENT SOLUTIONS, LLC	Class:	0002 ALL ELIGIBLE EMPLOYEES ELECTING DI CHOICE FROM \$3000 TO \$5000
Waiting Period:	1st of the month following 30 day(s)	As of Date:	09/21/2022

Coverage Information

Hospital Admission:	\$1,500 per day to a max of 1 day(s) per year, per insured, max of 3 days per year, per covered family.
Hospital/ICU Confinement:	\$100 / \$200 per day to a max of 15 day(s) per year.
Dependent Age Limits:	Child birth to 26 years (26 if full time student)
Pre-Existing Condition Limitation:	3 month look back period, 6 months treatment free/12 month exclusion period.
Treatment of an Injury is included:	Yes

Hospital Indemnity General Exclusions

- In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.
- The policy has exclusions and limitations that may impact the eligibility for benefits. See the certificate of coverage or contact your sales representative for full details.
- A pre-existing condition includes any condition for which an employee, in the specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods.
- If the plan is new (not transferred): During the exclusion period, this critical illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply.
- Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period.
- An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during

a 30 day time period specified by the policyholder. If an applicant does not enroll during their initial enrollment period, he/she may not enroll until the next open enrollment period.

And this plan will not pay benefits for:

- Treatment relating to a covered person: taking part in any war or act of war (including service in the armed forces), commission of or attempt to commit a felony, an act of terrorism, or participating in an illegal occupation, riot or insurrection;
- Elective surgery;
- Surgery to correct vision or hearing, unless a result of a covered Injury;
- Dental care, dental x-rays, or dental treatment;
- Weight loss or modification and complications arising there from, including surgery and any other form of treatment for the purpose of weight reduction. This exclusion does not apply to completion of a weight reduction program that may be payable under Covered Benefits;
- Rest cures or custodial care, or treatment of sleep disorders;
- Services, treatment or supplies rendered outside the United States or Canada;
- Treatment of a Covered Dependent Child's Children;
- Cosmetic surgery. This Exclusion does not apply to reconstructive surgery:
 - (a) on an injured part of the body following infection or disease of the involved part;
 - (b) of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or
 - (c) on a non-diseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;
- Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;
- Service, treatment or loss related to alcoholism or drug addiction, except for drugs prescribed by the Covered Person's Doctor;
- Care or treatment for mental or nervous disorders;
- Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
- Services or treatment Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a member of a Covered Person's Immediate Family;
- Treatment received while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training.
- Surgery and treatment, procedures, products or services that are experimental or Investigative.

This coverage will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.

 ¹ Restrictions apply and may be subject to medical necessity.

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