



# **PLAN COMPARISON:**

## **Summary of Benefits & Coverage**

Rates effective as of November 1, 2025

Network Options: CIGNA EPO (In-Network)



EPO \$500/\$1,000 MM Deductible

EPO \$750/\$1,500 MM Deductible

EPO \$1,000/\$2,000 MM Deductible

EPO \$1,500/\$3,000 MM Deductible

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PLAN	EPO \$500	EPO \$750	EPO \$1,000	EPO \$1,500
<b>Deductible</b> <ul style="list-style-type: none"><li>Individual</li><li>Family</li></ul>	\$500 \$1,000	\$750 \$1,500	\$1,000 \$2,000	\$1,500 \$3,000
<b>Out of Pocket Maximum - Including Deductible</b> <ul style="list-style-type: none"><li>Individual</li><li>Family</li></ul>	\$9,200 \$18,400	\$9,200 \$18,400	\$9,200 \$18,400	\$9,200 \$18,400
<b>PCP Office Visit</b>	\$50 Copay (After Deductible)	\$50 Copay (After Deductible)	\$50 Copay (After Deductible)	\$50 Copay (After Deductible)
<b>Specialist Office Visit</b> (No Referral Needed)	\$50 Copay (After Deductible)	\$50 Copay (After Deductible)	\$50 Copay (After Deductible)	\$50 Copay (After Deductible)
<b>Urgent Care Office Visit</b>	\$50 Copay (After Deductible)	\$50 Copay (After Deductible)	\$50 Copay (After Deductible)	\$50 Copay (After Deductible)
<b>Surgery Performed in the Office</b>	See Outpatient Surgery	See Outpatient Surgery	See Outpatient Surgery	See Outpatient Surgery
<b>Chiropractic Care</b> 12 visits per calendar year maximum	\$50 Copay (After Deductible)	\$50 Copay (After Deductible)	\$50 Copay (After Deductible)	\$50 Copay (After Deductible)
<b>Therapies:</b> Physical, Speech, Occupational, Cardiac, & Resp 16 Visits per calendar year maximum combined	\$50 Copay/Visit (After Deductible)	\$50 Copay/Visit (After Deductible)	\$50 Copay/Visit (After Deductible)	\$50 Copay/Visit (After Deductible)
<b>Labs</b>	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
<b>X-rays</b>	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
<b>Diagnostic Testing/Advanced Imaging</b> (Pre-Certification Required)	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay
<b>Telemedicine through OurLiveDoc ONLY</b> <b>Primary and Urgent Care, Behavioral Health</b> Call 940-LIVE-DOC (940-548-3362) to get started	\$0 Copay Unlimited Visits	\$0 Copay Unlimited Visits	\$0 Copay Unlimited Visits	\$0 Copay Unlimited Visits
<b>Emergency Services</b> (Pre-certification is required within 48 hours of admission, if admitted)				
<b>Emergency Room Care</b> Please note that for a true medical emergency, any provider may be used.	\$1,000 Copay (After Deductible)	\$1,000 Copay (After Deductible)	\$1,000 Copay (After Deductible)	\$1,000 Copay (After Deductible)

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PLAN	EPO \$500	EPO \$750	EPO \$1,000	EPO \$1,500
Ambulance	\$250 Copay (After Deductible)	\$250 Copay (After Deductible)	\$250 Copay (After Deductible)	\$250 Copay (After Deductible)
Inpatient or Partial Hospitalization Services (Pre-certification Required)				
Inpatient Hospital Care Facility or Partial Hospitalization	\$2,500 Copay/Admission (After Deductible)	\$2,500 Copay/Admission (After Deductible)	\$2,500 Copay/Admission (After Deductible)	\$2,500 Copay/Admission (After Deductible)
Inpatient Surgical Services	\$2,500 Copay/Surgery (After Deductible)	\$2,500 Copay/Surgery (After Deductible)	\$2,500 Copay/Surgery (After Deductible)	\$2,500 Copay/Surgery (After Deductible)
Associated/Incidental Inpatient Services (Includes Anesthesia, Pathology, Physician Services, and any other incurred services)	\$250 Copay/Surgery (After Deductible)	\$250 Copay/Surgery (After Deductible)	\$250 Copay/Surgery (After Deductible)	\$250 Copay/Surgery (After Deductible)
Inpatient Skilled Nursing Facility	\$50 Copay/Day (After Deductible)	\$50 Copay/Day (After Deductible)	\$50 Copay/Day (After Deductible)	\$50 Copay/Day (After Deductible)
Inpatient Rehabilitation Facility	\$50 Copay/Day (After Deductible)	\$50 Copay/Day (After Deductible)	\$50 Copay/Day (After Deductible)	\$50 Copay/Day (After Deductible)
Hospice 30-day limit per Lifetime	\$0 Copay (After Deductible)	\$0 Copay (After Deductible)	\$0 Copay (After Deductible)	\$0 Copay (After Deductible)
Organ Transplant	\$2,500 Copay/Admission (After Deductible)	\$2,500 Copay/Admission (After Deductible)	\$2,500 Copay/Admission (After Deductible)	\$2,500 Copay/Admission (After Deductible)
Outpatient Services (Pre-certification Required)				
Outpatient Surgical Services (Outpatient Hospital, Surgery Center, or Office)	\$2,500 Copay/Surgery (After Deductible)	\$2,500 Copay/Surgery (After Deductible)	\$2,500 Copay/Surgery (After Deductible)	\$2,500 Copay/Surgery (After Deductible)
Surgery Services (Includes surgeon, anesthesia, and any other incurred services associated with outpatient surgery)	\$250 Copay/Service (After Deductible)	\$250 Copay/Service (After Deductible)	\$250 Copay/Service (After Deductible)	\$250 Copay/Service (After Deductible)
Outpatient Chemotherapy and Radiotherapy	\$250 Copay/Visit (After Deductible)	\$250 Copay/Visit (After Deductible)	\$250 Copay/Visit (After Deductible)	\$250 Copay/Visit (After Deductible)
Infusion / Injection	\$250 Copay/Visit (After Deductible)	\$250 Copay/Visit (After Deductible)	\$250 Copay/Visit (After Deductible)	\$250 Copay/Visit (After Deductible)

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Dialysis	\$250 Copay (After Deductible)	\$250 Copay (After Deductible)	\$250 Copay (After Deductible)	\$250 Copay (After Deductible)
Outpatient Labs (No Pre-certification Required)	\$100 Copay (After Deductible)	\$100 Copay (After Deductible)	\$100 Copay (After Deductible)	\$100 Copay (After Deductible)
Preventive Service				
Preventive Care including but not limited to: Annual Wellness Exams, Labs and Immunizations See Preventative Care Guide	\$0 Copay \$0 Deductible	\$0 Copay \$0 Deductible	\$0 Copay \$0 Deductible	\$0 Copay \$0 Deductible
Maternity Services				
Pregnancy, Maternity <ul style="list-style-type: none"><li>Routine Vaginal Delivery</li><li>Routine C-Section Delivery</li><li>All other Maternity Service (Other maternity services including office visits, lab work, radiology, prenatal/postnatal care etc. Excluded Genetic testing unless medically necessary)</li></ul>	\$2,500 Copay/Admission (After Deductible)  \$2,500 Copay/Admission (After Deductible)  100% Covered	\$2,500 Copay/Admission (After Deductible)  \$2,500 Copay/Admission (After Deductible)  100% Covered	\$2,500 Copay/Admission (After Deductible)  \$2,500 Copay/Admission (After Deductible)  100% Covered	\$2,500 Copay/Admission (After Deductible)  \$2,500 Copay/Admission (After Deductible)  100% Covered
Other Covered Services	Participating Provider	Participating Provider	Participating Provider	Participating Provider
Home Health Care Visits (Pre-certification Required) 10 visits per Benefit Year	\$50 Copay/Visit (After Deductible)	\$50 Copay/Visit (After Deductible)	\$50 Copay/Visit (After Deductible)	\$50 Copay/Visit (After Deductible)
Durable Medical Equipment (DME) (Pre-certification Required) Copayment is applied per item received. 5 items/benefit period.	\$50 Copay/Item (After Deductible)	\$50 Copay/Item (After Deductible)	\$50 Copay/Item (After Deductible)	\$50 Copay/Item (After Deductible)
Diabetic Nutritional Counseling (1 visit per Plan Year)	\$0 Copay (After Deductible)	\$0 Copay (After Deductible)	\$0 Copay (After Deductible)	\$0 Copay (After Deductible)
Prosthetics (Pre-certification Required) (1 item per Benefit Plan Year)	\$50 Copay/Item (After Deductible)	\$50 Copay/Item (After Deductible)	\$50 Copay/Item (After Deductible)	\$50 Copay/Item (After Deductible)
Allergies <ul style="list-style-type: none"><li>Shots</li><li>Visits/Testing</li></ul>	\$25 Copay (After Deductible)  \$50 Copay/Visit (After Deductible)	\$25 Copay (After Deductible)  \$50 Copay/Visit (After Deductible)	\$25 Copay (After Deductible)  \$50 Copay/Visit (After Deductible)	\$25 Copay (After Deductible)  \$50 Copay/Visit (After Deductible)

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PLAN	EPO \$500	EPO \$750	EPO \$1,000	EPO \$1,500
Pharmacy - Retail				
Preventive Medicine Rx - Generic or Brand (See Formulary)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Generic Drugs - Urgent Care Rx (See Formulary) 30 day-supply at retail pharmacies.	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Generic Drugs - Maintenance Rx (See Formulary) 30 day-supply at retail pharmacies. Mail order required for maintenance medication after initial 30 day-supply.	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Preferred Brand Name Drugs	PAP Available	PAP Available	PAP Available	PAP Available
Non-Preferred Brand Name Drugs	PAP Available	PAP Available	PAP Available	PAP Available
Specialty Drugs	PAP Available	PAP Available	PAP Available	PAP Available
Pharmacy - Mail Order				
Generic Drugs (See Formulary) 90 day-supply maintenance medication	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Preferred Brand Name Drugs	Patient Assistance Plans Available	Patient Assistance Plans Available	Patient Assistance Plans Available	Patient Assistance Plans Available
Non-Preferred Brand Name Drugs	Patient Assistance Plans Available	Patient Assistance Plans Available	Patient Assistance Plans Available	Patient Assistance Plans Available
Specialty Drugs	Patient Assistance Plans Available	Patient Assistance Plans Available	Patient Assistance Plans Available	Patient Assistance Plans Available

## NOTES

Failure to obtain authorization will result in penalties. The penalty may be a 50% reduction of allowed charges or denial of claim.
Elective Surgery will not be covered for the first 90 days of coverage.
If you're facing a true emergency, such as severe injury or life-threatening symptoms, you may go to the closest emergency room with no out of network penalty or denial.
In the case authorization is required for an emergency admission, there is a 48-hour grace period or next business day.

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PREMIUMS BY AGE BAND				
PLAN	EPO \$500	EPO \$750	EPO \$1,000	EPO \$1,500
AGES 18-29				
Employee	\$429.00	\$409.00	\$389.00	\$369.00
Employee + Spouse	\$789.00	\$769.00	\$749.00	\$729.00
Employee + Child(ren)	\$779.00	\$759.00	\$739.00	\$719.00
Family	\$1,059.00	\$1,039.00	\$1,019.00	\$999.00
Ages 30-44				
Employee	\$489.00	\$469.00	\$449.00	\$419.00
Employee + Spouse	\$829.00	\$799.00	\$779.00	\$759.00
Employee + Child(ren)	\$819.00	\$789.00	\$769.00	\$743.00
Family	\$1,119.00	\$1,089.00	\$1,059.00	\$1,039.00
Ages 45-54				
Employee	\$519.00	\$499.00	\$479.00	\$459.00
Employee + Spouse	\$869.00	\$839.00	\$819.00	\$809.00
Employee + Child(ren)	\$859.00	\$829.00	\$809.00	\$789.00
Family	\$1,169.00	\$1,149.00	\$1,129.00	\$1,109.00
Ages 55-64				
Employee	\$569.00	\$549.00	\$529.00	\$509.00
Employee + Spouse	\$889.00	\$869.00	\$849.00	\$839.00
Employee + Child(ren)	\$869.00	\$849.00	\$839.00	\$799.00
Family	\$1,209.00	\$1,169.00	\$1,149.00	\$1,129.00

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